

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-002626

MEDICAL EXAMINATION CERTIFICATE

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Have you ever ha	nd any of the following cor	nditions?		LARS				
Condition	on	YES	NO	Condit	ion		YES	NO
1 Eye/visio	on problem			18 Sleep p	roblems			5
2 High blo	od pressure		4	19 Do you	smoke?			D/
3 Heart/va	scular disease		8		on/surger			
4 Heart su	irgery		5	21 Epileps	y/seizure:	1	- Ω	0-
5 Varicose	e veins		G,	22 Dizzine	ss/fainting	1		
6 Asthma/	bronchitis/		B	23 Loss of	consciou	sness	(D)	
7 Blood di	sorder		U.	24 Psychia	tric probl	ems	() g)	0
8 Diabetes	S		4	25 Depres	sion	50 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	10/0	是
9 Thyroid	problem		B	26 Attemp	led suicid	e	11761	10
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NO

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YES

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

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	Right eye	Left eye	Right	eye	Left eye				Hal	Delective
Distant Near	666	616				-	Right ey			
Visual acuity med	ete the etan	dard laid down	in STCW/	Code	Spettiin A 1/0	_ ا	YES / N			
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ESR (WESTERG		A Mo	orphine _	-	Positive		4	HIV / AIDS Test		ctiv Nenreact
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the Seafarer free fr	rom any me	dical conditions	s likely to b	oe aggr	avated by serv	ice at	sea or to	render the seafare	r unfit for s	such service or to
danger the health	of other per	sons on board?)	15,51	75					
			Yes		- No					
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escribe restrictions	(e.g., speci	fic position, type	e of ship. t	rade a	rea):					
	(9.) obeen	, p. 2010011, 13p	and and a							
ction taken by medi	cal examine	er (e.g., referral):)				
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Fitness Date:			-		/ Walid-L	Intil:	-	1 4 MAR	2025	5 1
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					44, MMC-BG					

In Accordance with Medical Examination (Segfarers) Coordinate (Nocada) and STCW 1978/1996 as Amended, MLC 2006
General Physician
Radical Hospitals Limited.

Revision Date: 24



Medical Exam Form CONFIDENTIALFORM Pre-seaExam ☐ PeriodicExam

Name	e (last,first,middle): ISLAM, MD	SAIFU	JL				
Date	of birth (day/month/year): 21 /APR	L/19	99		Sex: male female		
Home	e address: SAITSHALA, SAITSHAL	A, BRA	HMANP.	ARA, C	CUMILLA-3526, BANGLADESE	I	
	oort No./Discharge Book No.: EF0:						
- 2				ECV			
Depa	artment (deck/engine/radio/food han	anng/	other). D	LCK			
	ine and emergency duties (if known						
Туре	of ship (eg. Bulkcarrier, chemica	l/oil/ga	is tanker,	, conta	iner, other cargo ships): OIL/	CHEM	ICAL
TAN	KER Trade area (e.g., coastal, trop	ical, w	orldwide): <u>WO</u>	RLDWIDE		
(Ass.	mince's personal declaration istanceshould beoffered bymedic veyou ever had anyof thefollowing	<i>al staj</i> ngcon	f) ditions:				
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	\vdash		18.	Sleepingproblems		님
2.	High blood pressure	\vdash	4	19.	Do you smoke?	\vdash	۲
3.	Heart/vasculardisease	\sqcup	1	20.	Operation/surgery	H	
4.	Heart surgery			21.	Epilepsy/seizures	님	
5.	Varicose veins	\sqcup		22.	Dizziness/fainting		
6.	Asthma/bronchitis			23.	Loss of consciousness		
7.	Blood disorder			24.	Psychiatricproblems		
8.	Diabetes	Ц		25.	Depression		
9.	Thyroid problem			26.	Attempted suicide		_ا
10.	Digestivedisorder			27.	Loss of memory		
11.	Kidneyproblem			28.	Balanceproblem		
	Skin problem		8	29.	Severeheadaches		
12.				30.	Ear/nose/throat problems		L.
12. 13.	Allergies			50.	a management and a second and a		
	Allergies Infectious/contagious diseases		F	31.	Restricted mobility		Ļ
13.	manus II — com recent all accompanies and accompanies				Restricted mobility Back problems		L
13. 14.	Infectious/contagious diseases			31.	Back problems		

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Ado	litional questions			
35.	Haveyou ever been signed offas sick or repatriated	from a ship?	Yes	No
36.	Haveyou ever been hospitalized?	#####################################	$\overline{\Box}$	И
37.	Haveyou ever been declared unfit forseaduty?		П	P
38.	Has your medical certificate ever been restricted or	revoked?		7
39.	Areyou awarethat you have anymedical problems, of	diseases or illnesses?		
40.	Do you feel healthyand fit to perform theduties of y position/occupation?	our designated	Ī	
41.	Areyou allergic to anymedications?			4
	FIT FOR DUTY ON BOARD SHIP			
42.	Areyou takinganynon-prescription or prescription n	nedications?		
	ebycertifythat the personal declaration above is a true sature of examinee:	statement to thebest of my	knowledg	e.
	(day/month/year): 15 MAR 2024 /	DR. MIR. MD. RA	MAHIA	
	nessed by: (Signature)	BMDG A-55144 MMC-B	GT (Ophth)	
	ne:(Typed or printed)	DG Shipping Bangladesh / General Physician Radical Hospitals Lim		
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Sign	atureof examinee:	-211 -2		
Date	(day/month/year): 15 MAR/2024	DR. MIR. MD. RAIL MBBS (DU), DFM, CCD (Birdem), PGT	(Onbth)	
Witn	nessed by: (Signature)	BMDC A-55144, MMC-BGE DG Shipping Bangladesh App General Physician	0.016	
Nam	e:(Typed or printed)	Radical Hospitals Limited	1 .	
Date	& Contact details for previous medical examination	(if known);)		

Page 2

Rev. 03



MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Acui	ty				Visua	al fields
	Unaided			Aided				Normal	Defective
	Right	Left	Binocular	Right eye	Left eye	Binocular	Right eye		
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iveai	100	100				1			
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Left ear	20	22	2	>			Left ear	u	4
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Urinalysis: Glucose: Ni Protein: Ni
Blood Analysis: Hepatitis B Test Neger, V.D.R.L Northern Immunodeficiency Virus Anti bodies Negro
Other diagnostic test(s) and result(s): Test Blood for the Result Normal.
Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic to results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services
-fit - ,
Unfit
Without restrictions With restrictions
Visual aid required: Yes
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year): / 14 MAR 2026 /
Date of examination (day/month/year): 15 MAR 2024
Number of Medical Certificate: Official stamp:
Signature of medical practitioner:
Name of medical examiner: (Typed or printed) MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
Address of medical practitioner:: General Physician Radical Hospitals Limited
Authorized by: DG SMIPPING BANGINDESS. (competent authority)
(competent authority)



	SFAFARE	R'S MEDICAL	EXAMINATION F	REPORT/C	ERTIFICATE		
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This certificateisissuedbyauthor. LONo.73),asamended, STC	ityoftheMaritimeA	dministratorandineo	mpliancewiththerequir neMaritimeLabourConv	ementsoftheM ention,2006.	edicalExamination(S	Scafarers)Conver	ntion1946(1
SURNAME ISLAM			GIVEN NAME(S) MD SAIFUL				
NATIONALITY			ID DOCUMENT NO:				
BANGLADESHI			C/O/10763				
DATE OF BIRTH	3200	7757000000	PLACE OF BIRTH			SEX	
04 MONTH	DAY	1999 YEAR	CUMILLA	(3)	BANGLADESH COUNTRY	MALE	FEMA
EXAMINATION FOR D MASTER DECK OFFICER ENGINEERING O RADIO OFFICER RATING	OFFICER		SAITSHALA, S 3526, BANGLA	AITSHAL	: A, BRAHMANI	PARA, CUM	ILLA-
DECLARATION OF APPROVI I CONFIRM THAT IDENTIFI			: YES/NO				
MEDICAL	EXAMINATION	SEE LAST PAGE FO	OR MEDICAL REQUIREM	MENTS) STAT	E DETAILS ON RE	EVERSE SIDE	
HEIGHT WEIGHT	BLOOD PRES	SURE PULSE	88/min 1	ration Somin	GENERAL APPEAR	ANCE	_
VISION: WITHOUT GLASSES WITH GLASSES COLOR TEST TYPE DATE OF LAST COL		4 F MAI	RT. E		DW RED		WY LUE
ARE GLASSES OR CONT	TACT LENSES NE	CESSARY TO MEE	T THE REQUIRED VIS	ION STANDA	ARD? YES	No.	
HEAD AND NECK	N		HEART (CARDIOVASCULAR)				
LUNGS	No	mul	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?				
EXTREMITIES: UPPE	R	Nonn	1 LOV	VER	Na	nm	
IS APPLICANT VACCINA	ATED IN ACCORD	DANCE WITH WH	O RECOMMENDATI	ons?	YES	No 🗌	
IS APPLICANT SUFFERI HIM/HER UNFIT FOR S YES NO							DER
IS APPLICANT TAKING	ANY NON-PRES	CRIPTION OR PRE	SCRIPTION MEDICA	rions?	YES	No 🗔	7 .
	SAFFL	/L	Cal Hospita		all the same	AR 2024	
THIS SIGNATURE SHOULD		OF APPLICANT PRESENCE OF THE EXAL	18		DA	TE	



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	MD SAIFUL ISLAM
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	NAME OF APPLICANT
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTION	
DR. MIR. MD. RAIHA MBBS (DU), DFM, CCD (Birdem), PGT (Op BMDC A-55144, MMC-BGD-0 DG Shipping General Physician Radical Hospitals Limited. Idana, Dhaka, Bangiadash IAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DR. MIR. MD. RAIHA MBBS (DU), DFM, CCD (Birdem), PGT (Op BMDC A-55144, MMC-BGD-0 DG Shipping General Physician Radical Hospitals Limited.	16
ATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	My 2014.
GNATURE OF PHYSICIAN:	
ATE OF EXAMINATION:	
XPIRY DATE OF CERTIFICATE :	
EAFARER ACKNOWLEDGMENT	
MD SAIFUL ISLAM (NAME OF SEAFARER), CONFIRM THAT I HAV ERTIFICATE AND THE RIGHT TO GET A REVIEW.	E BEEN INFORMED OF THE CONTENT OF



MEDICALREQUIREMENTS

Allapplicants for an officer certificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted bya certificated physician. completedmedical formmust accompanytheapplicationforofficereertificate, applicationforseafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months immediately preceding applicationsforanofficer certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the International Labor Organization World HealthOrganization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness ExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall bodyfaculticsnecessaryinfulfillingtherequirementsoftheseafaringprofession.

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

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecycandatleast20/40 (0.50)intheother. Ifthe applicant wears glasses, hernust havevisionwithoutglasses ofat least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred_green_blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother. If the applicant wears glasses, hemusthave vision without glasses of at least 20/200(0.10) in botheyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellowand green.
- (c) Dental
 - Seafarers must befreefrominfections ofthemouthcavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking againtoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalyoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
 Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
 Ifnewvaccinations aregiven, theseshall berecorded.
- (g) Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
 - Applicants for fireman/watertender,oiler/motor.pumpman,electrician,wiper,tanker rating andsurvivalcraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. 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/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided. Medical Exam Form).

15 MAR 2024



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



Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: ISLAM		First Name: MD SAIFUL		1004			
Date of Birth (DD/MM/YY): 21-04-1999		Address: SAITSHALA, SAITSHALA, BRAHMANPARA,					
Place of Birth: CUMILLA		Street: City: CUMILLA Postal Code: Country: BANG					
Examination for duty as	Master	Officer	Engineer	Rating	Cadet		
Please indicate the quantity of alcohol you consume weekly	Beer (litre) Wine (litre) Spirits (me						
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.							
Have you ever been convicted of a charge involving illegal drugs?	Yes	N6	(If Yes please	detail on th	e reverse)		
Have you ever been convicted of a drinking related incident?	Yes	No	(If Yes please	detail on th	e reverse)		
Have you ever received treatment for alcohol or drug dependence?	Yes	No	(If Yes please	detail on th	e reverse)		
Signed and Dated (by Seafarer)		cumstances ch					





CSC 04A

PART B - To be completed by Physician and Seafarer during Medical Examination

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:

DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)

REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,

SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016

BMDC A-55144, MMC-BGD-019 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

Anti-Drug and Alcohol Abuse Affidavit

Date:

5 MAR 2024

I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

MD SAIFUL ISLAM

Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.

Examining Physician's Signature

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

ORIGINAL TO BE RETAINED BY CREWING AGENCY

Rev: 02



Page 2 of 2





Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

ISLAM, MD SAIFUL

Passport No.:

EF0521766

Seaman's Book No.:

CO10763

Date of Birth:

21-APR-1999

Medical Center Name:

REDICAL HOSPITALS LIMITED

Full Address:

35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA,

DHAKA-1230, BANGLADESH.

Doctor's Name:

DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	remin
Cocaine	< 150 NG/ML	/
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	/
Alcohol	< 0.04% BAC	remeil

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date

15 MAR 2024

Seal HOSO/GO E As Per MLC 2008 - S Examined by (Name/Signature)

DR. MIR. MD. RAIHAN
MB6S (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited



MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mid	ldle)		Gender:
	ISLAM, MD SAIFU	L	Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
21-APRIL-1999	BANGLADESHI	CUMILLA	

Declaration of the recognized medical practitioner:

CCIC	ration of the recognized medical practitioner.	Yes	No
1	Identification documents were checked at the point of examination?	/	
2	Hearing meets the standards in STCW Code Section A-I/9?	/	
3	Unaided hearing satisfactory?	1	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	/	
5	Colour vision meets the standards in STCW Code Section A-I/9?	/	
	Date of last colour vision test: 15 MAR 2024		
6	Fit for look-out duty?	/	,
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	1	
8	No limitations or restrictions on fitness?		
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year) 15 MAR 2024		
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	2026	

15 MAR 2024

Date

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

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A - to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle, (BLOCK CAPITALS)	ISLAM, MD SAIFUL			Gender: Male/ Femal e*
Date of Birth: day/month/year 21-APRIL-1999		Nationa BANGI	ality: _ADESHI	10
Type of ID documents: NRIC No. / Passport No.: EF0521766	Dept: Deck / Engine / Catering / c Rank: JR. OFFICER	others	Type of s	hip: MICALTANKE
Home Address: SAITSHALA, SAITSHALA, BRAHMANPARA, CUMILLA-3526, BANGLADESH	Routine and emergency duties: BOTH		Trading a	area: e.g coastal ide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Ye	s N	0		Yes No
Eye/vision problem		-	18. Sleep problem	/
High blood pressure		-	19. Do you smoke, use alcohol or drugs?	
Heart/vascular disease		4	20. Operation/surgery	
4. Heart Surgery		-	21. Epilesy/seizures	(
5. Varicose veins/piles		-	22, Dizziness/fainting	
6. Asthma/bronchitis		-	23. Loss of consciousness	
7. Blood disorder		·	24. Psychiatric problems	
8. Diabetes			25. Depression	
Thyroid problem		_	26. Attempted suicide	
10. Digestive disorder			27. Loss of memory	
11. Kidney problem			28. Balance problem	
12. Skin Problem			29. Severe headaches	
13. Allergies		_	 Sar(hearing, tinnitus/nose/throat problem) 	100
14. Infectious / contagious diseases		-	31. Restricted mobility	
15. Hernia		U	32. Back or joint problem	
16. Genital disorder		-	33. Amputation	
17. Pregnancy	NV	4	≥34. Fracture/dislocations	

lf	you answer	"VAS"	to any	of the	ahove	auestions	nlease	provide	details
"	you allower	yes	to arry	or the	above	questions,	picasc	provide	uctans.

Additional questions	Yes No
35. Have you ever been signed off as sick or repatrate from a ship?	
36. Have you ever been hospitalized?	

37. Have you ever be	een declared unfit for sea duty?		
	certificate even been restricted or re	ovokod2	
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	at you have any medical problems,		
	ny and fit to perform the duties of yo	ur designated position/occupation?	1
41. Are you allergic to	any medication?		
42. Are you using any	y non-prescription or prescription me	edication?	1
hereby declare that t	the personal declaration above is	a true statement to the best of my kr	
Date	SATE-UL Signature of Seafarer	MR. MD. RAIL MERS (DU), DFM. CCD (Birdem), PGT (BMDC A-55144, MMC-BGD- DG.Shipping Bangladesh App	(Ophth) -016
Date	Signature of Seafarer	Name and Signature of Witness Radical Hospitals Limited	SS
hereby authorize the	release of all my previous medi-	cal records (including my last Seafare	er Medical
		institutions and public authoritie	

15 MAR 2024

Date

SAFFUL

Signature of Seafarer

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

Name and Signature of Witness



Yes Typ	pe		Purpose		

sual Acuity				Aided	
	Unaided	Discouler	Right eye	Aided Left eye	Binocula
-	Left eye	Binocular	Distant	Leit eye	Diriocal
Distant	616	000			
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sual fields	Norm	al	Defective		
Right eye	1401111	7			
Left eye					
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THE RESERVE TO SERVE THE PROPERTY OF THE PROPE			
Tympanic membrane			
Eyes	-		
Ophthalmoscopy			
Pupils	/		
Eye movement			
Lungs and chest			
Breast examination	NIA		
Heart			
Skin			
Varicose Vein			
Vascular (inc. pedal pulse)	-		
Abdomen and viscera			
Hernia			
Anus (not rectal exam)			
G-U system			
Upper and lower extremities			
Spine (C/s, T/S, L/S)			
Neurologic (full/brief)			
Psychiatric			
General appearance			
Not performed [Results:	d on (day/month/year): 15 MAR 2024	
Not performed [Results:	Normal Chrising	
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Ears (general)

Without restrictions With restrictions	
Description of restrictions (e.g. specific position, type of ship, trading area etc.)	

15 MAR 2024

Date

Signature of Medical Practitioner

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

Medical Practitioner's name, licence number, address





ID NO : 24030373

Date : 15/03/2024

Patient's Name: MD.SAIFUL ISLAM

Age : 25Y

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10763

Sex : Male

Specimen : Blood

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

HAEMA	TOLOG	<i>Y REPORT</i>

*	"BEREICAN	DOMESTIC BUILDING	COLUMN DURANT DE LA COLUMN DE L	THE STREET STREET	
	Parameter	R	esults	Reference Values	Histogram
	Haemoglobin(Hb) ESR(Westergren)	14.7 06	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
	TOTAL WBC COUNT	9,000	/cumm	4,000 - 11,000 /cumm	A
	DIFFERENTIAL COUNT				
	Neutrophils Lymphocytes Monocytes	73 19 05	% %	(40 - 75)% (20-45)% (2-10)%	WBC CURVE
	Eosinophils	03	%	(1-6)%	
	Basophil	00	%	0-1 %	A.
	TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT	270 134,000 16.1 18.7 0.22	/cumm /cumm fL %	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28	PLT CURVE
	P-LCK	62.9	%	9.00 - 45.00%	A
to.	P-LCC	84	x10^3/uL	13 - 129 x10^3/uL	
	RBC COUNT HCT/PCV MCV	5.18 47.8 92.3	m/ul % fL	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL	
	MCH MCHC	28.4	pg	27-32 pg	RBC CURVE
	RDW SD	30.8 52	g/d L fL	29-34 g/dL 30.0-57.0 fL	
	RDW CV	17	%	10-16%	

Checked By Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka.

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



Bill No	DIA23090373	Received	Date 1	5/03/2	024
Patient's Name	MD SAIFUL ISLAM		Date	0/00/2	.024
Patient's Age	24Y 10M 23	P	atient's S	ex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC	NO	C/O/10763
Sample	BLOOD				Crontoros

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28.0 U/L	Up to 37 U/L
HbA1C	5.2 %	4.2 - 6.7 %



REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checker By

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



Test Name

Rh (D)Factor

Bill No	DIA23090373	Received Date		15/03/2024	
Patient's Name	MD SAIFUL ISLAM				
Patient's Age	24Y 10M 23	23 Patie		Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	RDEM),PGT(Eye),DFM	С	DC NO	C/O/10763
Sample	BLOOD			TALL	

SEROLOGICAL REPORT

AT THE RESERVE OF THE PARTY OF	Non-Additional Control of the Contro
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
BLOOD GROUPING RESULT	
ABO Blood Group	"B" (-ve)

Result

Negative

Checker By

Medical Technologist. Radical Hospital Ltd. Dr. Sumarya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA23090373	Received Date		15/03/2024	
Patient's Name	MD SAIFUL ISLAM			10.00.	-021
Patient's Age	24Y 10M 23	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT((Eye),DFM	С	DC NO	C/O/10763
Sample	URINE				

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Chatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Test Name

Bill No	DIA23090373	Received Date 15/03/		/2024	
Patient's Name	MD SAIFUL ISLAM		38.11-1.11-12-13-13-1		
Patient's Age	24Y 10M 23	Patient's Sex Ma		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	M),PGT(Eye),DFM	С	DC NO	C/O/10763
Sample	urine			277765	

Result

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

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

Checker By

Medical Technologist. Radical Hospital Ltd. Dr. Sumarya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

RADICAL HOSPITAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. SRIWANGI III

DATE: 15/03/2024

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

EYE EXAMINATION REPORT

NAME: MD SAIFUL ISLAM RANK: JR OFF CDC NO: C/O/10763

LEFT

UNAIDED

VISUAL ACUITY:

600

RIGHT

lollo.

AIDED

RADICAL

COLOUR VISION:

NORMAL/BLIND

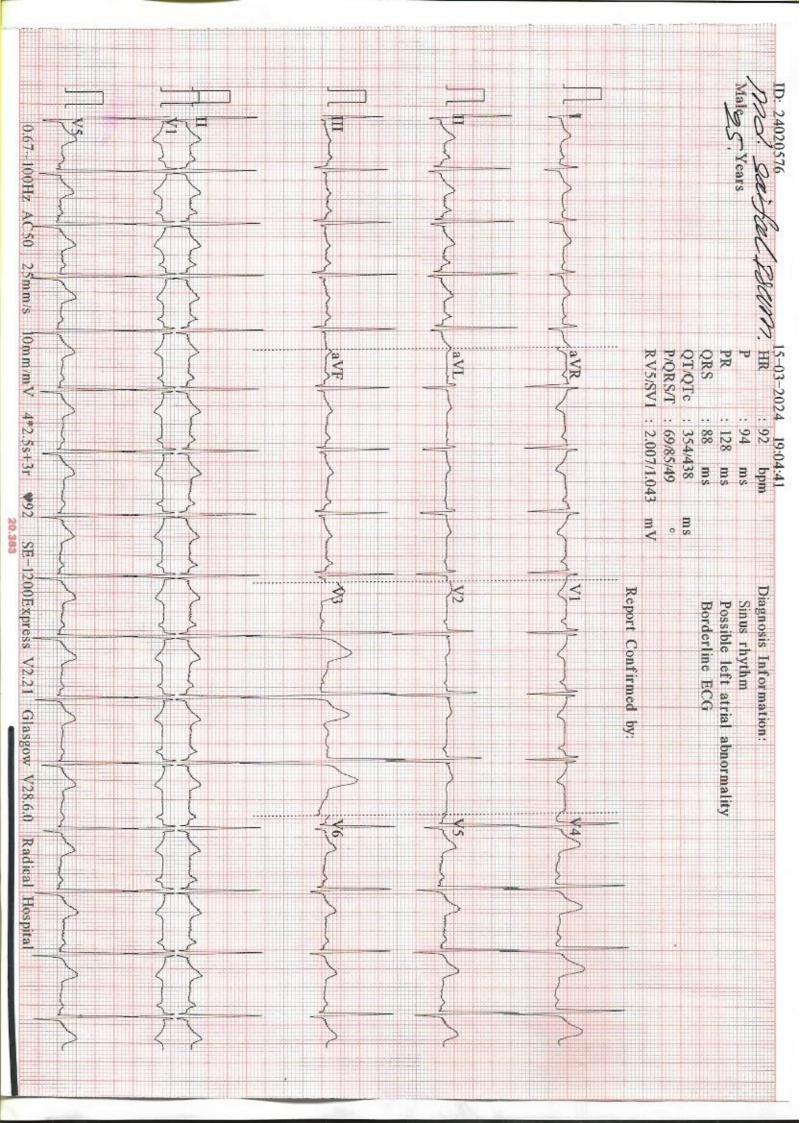
OPINION

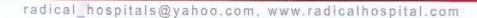
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital







DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030373 Receive: 15/03/2024 Print: 15/03/2024

Patient's Name : MD SAIFUL ISLAM

Age : 25 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 ields 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 mel. Sa ful Osla Male This is to certify that Date of birth whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chillegong. Reggi, No. A-11820 DR. AMR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) Avenue BMDC A-55144, MMC-BGD-016 Utiera, Dhaka DG Shipoing Bangladesh Approved Genstal Physician Radical Hospitals Limited. 3 3 4 4 5 5 6 7 7 8

Continued overleaf Suite our erso

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

Form No: SMC



04.2024.6076

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	First <u>MD</u>	NGLADESHI Date:	SAIFUL			
Gender: (Male/Female)MAL	E Nationality: BA	NGLADESHI Date:	6 MAR 2024			
Occupation: Deck/Engine/Catering/	Other (specify) 30					
Father's/ Husbad'sname: Tof	IDUR RAHMA		0/ 10763			
Mother's Name: MOMTAZ 2			050012566			
Address: House No:	19 19 19 19 19 19 19 19 19 19 19 19 19 1	F0521766				
Locality/Village: SAIL:		NID No				
P.O. SHILSHA						
PS: B-PAKA		Date of Birth:				
District: CUMILLA	***************************************	(DL	/MM/YYYY)			
DECLARATION OF THE RECOGNIZ			- 1725 - 120°00 N 27°0			
am duly authorized by the Depa the followings:	ertment of Shipping, Gov	ernment of the People's Republic	of Bangladesh and co			
	un dagumanta wara abaak	ad at the point of a continue	√ES/NO			
 Confirmation that identification Hearing meets the standards 		ed at the point of examination	₩ES/NO			
Unaided hearing satisfactory			¥ES/NO :¥ES/NO			
Visual acuity meets standard			XES/NO			
Colour vision meets standard			₩ES/NO			
Date of last colour			D. 6. MAR. 2024			
6. Fit for lookout duties?	vision test		:VES/NO			
7. Is the seafarer free from any	medical condition likely to	be aggravated by service at sea or	1/1/2007 (FOR SECTION)			
		h of any other persons on board?	:VES/NO			
8. Any limitations or restrictions		, , , , , , , , , , , , , , , , , , , ,	:YES/NØ			
If YES, specify limitations or res						
Duties:						
Location/Vessel:	RADICAL I	HOSPITAL LIMITED				
Medical/Other:	Uttara, D	Dhaka, Bangladesh				
			1 [
	Fit-No estriction	Fit-Subject to restrictions	Unfit			
Medical fitness category :						
Medical fitness category : 10. Date of examination/Issue (DE)	0 6 MAR 202	4				

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

SALFUL Seafarer's Signature



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

Name & Signature of the practitioner:

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, Interna-tional 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.URINER/M/E
0 6 MAR 2024

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