



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
H1084

MEDICAL EXAMINATION CERTIFICATE

SURNAME RIAZ	FIRST NAME AND MOHAMMAD	MIDDLE NAME MAHFUZUR RAHMAN
PLACE AND DATE OF BIRTH GAZIPUR 5-Oct-1994	PASSPORT NUMBER A02296953	SEAMAN'S BOOK NUMBER CO8578
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : GOPALPUR AMTALI, TONGI EAST, MONNU NAGAR-1710, GAZIPUR, BANGLADESH	CONTACT NUMBER : 0088 01685-805838	RANK : 3RD ASST ENGINEER

Have you ever had any of the following conditions?

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

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

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

☐

☒

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

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

Signature of Seafarer

MEDICAL EXAMINATION

Weight **77kg** Height (cm) **172** Blood Pressure: Systolic **120mmHg** Diastolic **80mmHg** PULSE: **78b/min**

Ear	Hearing by Audiometry
Right	☐ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☒ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

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

Date of last colour vision test: Date (day/month/year) 29 MAR 2024

	Visual fields	
	Normal	Defective
	☒	☐
Right eye		
Left eye		

YES / NO

☐ Doubtful

☐ Defective

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

RESULTS OF ANCILLARY EXAMINATIONS

RESULTS OF ANCILLARY EXAMINATIONS				BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☐ Negative
Chest X-Ray	<u>11/12</u>	BILIRUBIN	<u>0.50</u>	Alcohol Test	☐ Positive ☐ Negative		
ECG	<u>11/12</u>	SGPT	<u>17E</u>	URINE R/E	<u>11/12</u>		
BLOOD R/E		SGOT	<u>23</u>	OTHERS			
DC(differential count)	<u>11/12</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive		
HAEMOGLOBIN (HGB)	<u>16.8</u>	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive		
ESR (WESTERGREN)	<u>05</u>	Amphetamine	☐ Positive ☐ Negative	VDRL	☐ Reactive ☒ Nonreactive		
WBC	<u>6880</u>	Phencyclidine	☐ Positive ☐ Negative	Blood Type	O+(VE)		
BLOOD GLUCOSE LEVEL		Barbiturates	☐ Positive ☐ Negative	Psychological Exam	<u>11/12</u>		
RANDOM	<u>5.4</u>	Cocaine	☐ Positive ☐ Negative	Others(KUB Ultrasound)			
HBA1C	<u>5.2%</u>						

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

Mahfuz
 Signature of Seafarer

MOHAMMAD MAHFUZUR RAHMAN RIAZ
 Name of Seafarer

29 MAR 2024
 Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐
☒ Without restrictions	☐ With restrictions			

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes ☐ No

Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 29 MAR 2024

Valid Until:

28 MAR 2026

DR. M. R. RAHMAN
 Name and Signature of Authorized Physician

In Accordance with Medical Examination of Seafarers Convention 1996 (No. 78) and STCW 1978/1996 as Amended, MLC 2006
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RIAZ	GIVEN NAME (S): MOHAMMAD MAHFUZUR RAHMAN	
DATE OF BIRTH:	PLACE OF BIRTH	SEX
DAY 5 MONTH 10 YEAR 1994	CITY GAZIPUR COUNTRY BANGLADESH	MALE ☒ FEMALE ☐
POSITION ON BOARD:	MAILING ADDRESS OF APPLICANT:	
MASTER ☐	HOUSE-49, ROAD-01, SECTOR-09	
DECK OFFICER ☐	UTTARA, DHAKA, BANGLADESH	
ENGINEERING OFFICER ☒	BANGLADESH.	
RADIO OPERATOR ☐		
RATING ☐		

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW mm RED mm GREEN mm BLUE mm	RIGHT EAR mm
LEFT EYE	6/6	—		LEFT EAR mm

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) **29 MAR 2024**

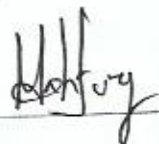
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

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.



MOHAMMAD MAHFUZUR RAHMAN
RIAZ

29 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:

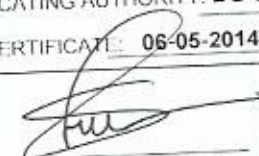
FIT FOR DUTY ON BOARD SHIP

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 MAKHDOUM 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: **29 MAR 2024**

EXPIRY DATE OF CERTIFICATE:

28 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 (Rider), PGT (Ophth)
DMD (A-55144), MMC-BSD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO : 24030818

Date : 29/03/2024

Patient's Name : MOHAMMAD MAHFUZUR RAHMAN RIAZ

Age : 29Y5M24D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8578

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	16.8 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	6,800 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	69 %	(40 - 75)%	
Lymphocytes	26 %	(20-45)%	
Monocytes	03 %	(2-10)%	
Eosinophils	02 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	136 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	260,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	10.3 fL	7.0 -11.0 fL	
PDW-CV	16.6 %	10 - 18 %	
PCT	0.27 %	0.10 - 0.28	
P-LCR	29.3 %	9.00 - 45.00%	
P-LCC	76 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	6.05 m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	54.5 %	M: 40-54%, F: 37-47%	
MCV	90 fL	76-94 fL	
MCH	27.7 pg	27-32 pg	
MCHC	30.8 g/dL	29-34 g/dL	
RDW SD	48 fL	30.0-57.0 fL	
RDW CV	16 %	10-16%	

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

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

Bili No	DIA24030818	Received Date	29/03/2024
Patient's Name	MOHAMMAD MAHFUZUR RAHMAN RIAZ		
Patient's Age	29Y 5M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 8578
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.56 mg/dl	0.2 - 1.1 mg/dl

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.