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
H953

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
RAHMAN	NEFAUR	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
BOGURA 16-May-1989	A01252345	C/O/6332

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CONTAINER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
NAHAR HOUSE, SHIBBATI, BOGURA, BANGLADESH.

CONTACT NUMBER : 01719699554 (SELF)

RANK : 2ND 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	☐	N/A	34	Fractures/dislocations	☐	☑

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?	☐	☑
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 practioner) 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 85 kg Height (cm) 176 BMI 27 Blood Pressure: Systolic 120 mm Hg Diastolic 80 mm Hg PULSE: 78 b/m

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

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

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

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 ☑ YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 25 MAR 2024

	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	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	WNL	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative	
ECG	WNL	BILIRUBIN	0.56		Alcohol Test	☐ Positive	☑ Negative	
BLOOD R/E		SGPT	28		URINE R/E	WNL		
DC(differential count)	WNL	SGOT	17		OTHERS			
HAEMOGLOBIN (HGB)	14.0	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☑ Nonreactive	
ESR (WESTERGREN)	07	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive	
WBC	4700	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactive	☑ Nonreactive	
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type	O(+ve)		
RANDOM	5.8	Barbiturates	☐ Positive	☑ Negative	Psychological Exam	WNL		
HBA1C	5.0%	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultrasound)	WNL		

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

Nefaur — Signature of Seafarer

NEFAUR RAHMAN — Name of Seafarer

25-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:	Valid Until :
25 MAR 2024	24 MAR 2026

Name and Signature of Authorized Physician

DR. MD. [illegible]
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-[illegible]
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **RAHMAN**	GIVEN NAME (S): **NEFAUR**
DATE OF BIRTH: DAY **16** MONTH **5** YEAR **1989**	PLACE OF BIRTH CITY **BOGURA** COUNTRY **BANGLADESH**
SEX: MALE [✓] FEMALE [ ]	
POSITION ON BOARD: MASTER [ ] DECK OFFICER [ ] ENGINEERING OFFICER [✓] RADIO OPERATOR [ ] RATING [ ]	MAILING ADDRESS OF APPLICANT: **NAHAR HOUSE, SHIBBATI, BOGURA, BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 APLICABLE [ ]

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) 25 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.

Signature of Applicant	Name of Applicant	Date
Nefaur	NEFAUR RAHMAN	25-Mar-2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / 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, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)**

ADDRESS: **RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

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

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved DATE: 25 MAR 2024

EXPIRY DATE OF CERTIFICATE: 24 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 (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : NEFAUR RAHMAN RANK : 2ND ASST ENGINEER

CDC NO : C/O/6332 DOB : 16-May-1989

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

		YES	NO
1	Have you ever had coronary thrombosis or certain types of heart surgery?		✓
2	Are you suffering from any heart·related cotnplications?		✓
3	Are you a diabetic ?		✓
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		N/A
5	Have you ever had a stroke, or unexplained loss of consciousness?		✓
6	Have you ever been treated for a mental.or nervous problem?		✓
7	Are you an alcoholic, or have you had alcohol or drug addiction problems?		✓
8	Do you have any hearing difficulties or are you using any hearing aid?		✓
9	Have you ever suffered from any STD (Sexually Transmitted Disease)?		✓
10	Are you aware of any other health condition that could affect your fitness for seafaring employment *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which Imay have concealed before joining vesse,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 25 MAR 2024

Signed : Nefaur

The Crew Member

* If yes, mention details below:-

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

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The Nippon Foundation

<PRIVATE>

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MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: Bangladeshi
(所属会社) Tel: _____ Fax: _____ (国籍)

Name: NEFAUR RAHMAN Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男／女)

Name of Position: 2AIE Date of Birth: 16-05-89
(職種) (生年月日) (D - M - Y)

Height: (身長) 176 cm Weight: (体重) 85 kg/at age 20: (20才時) _____ kg

Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍 /分) (正常呼吸数／分) (平熱)

Blood pressure: 120/80 mm Blood type: O+ /Rh ( ) Single/Married
(血圧) (血液型) (独身／既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = (_____ mmol/ℓ)

Uric acid: (尿酸値) _____ mg/dl × 0.05914 = (_____ mmol/ℓ)

5. FAMILY HISTORY: (家族歴)
Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / part (癌／部位) _____	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other, Name of disease (病名) _____	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 25 MAR 2024 Signature: (署名) _____
(Card holder) (本人)

DR. MIR. MD. RAIHAN
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Radical Hospital Ltd. As Per-MLC-2008 DG Shipping Bangladesh Approved

Medical information: (医療情報) * Please check the appropriate items.
該当する□欄に✓印を記入して下さい

1. ALLERGIES: (アレルギー)
□ Urticaria (hives) (じんましん)
□ Asthma (ぜんそく)
□ Other (その他)
□ Drug allergies (name): _____ (薬品名)
□ Food allergies (name): _____ (食品名)

2. PAST HISTORY: (病歴)
(1) Past serious illness: (主な既往症) Age (年齢)

_____

(2) Surgery: (手術) When? _____

_____ (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病／有無)
Name of illness: (持病名)

_____

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

_____

25 MAR 2024

4. DAILY LIFE HABITS: (日常生活)
(1) Alcohol intake: (飲酒) □ Do not drink (飲まない)
□ Drink 2-3 times a week (週に2～3回) □ Drink every evening (毎日)
□ Heavy drinker (強い) □ Moderate drinker (中程度) □ Light drinker (弱い)

(2) Smoking: (喫煙) □ Never smoke (吸わない)
□ Quit smoking in 19_____, (19_____年に禁煙)
□ Smoke _____ cigarettes a day (1日平均 _____ 本吸う)

(3) Bowel movements: (便通) □ Regular (規則的) ✓ □ Irregular (不規則) □ Constipated (便秘)

(4) Dietary preferences: (食事の好み) □ Meat (肉類) □ Fish (魚類)
□ Salty (塩辛い) □ Sweet (甘い) □ Oily (脂っこい)

(5) Exercise: (運動) □ Often (よくする) □ Sometimes (時々) □ Never (しない)

(6) Sleep: (睡眠) □ Sleep well (良く眠る) □ Have Sleeplessness (眠れない)
□ Have insomnia (不眠症) □ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重) □ Constant (変わらず) □ Putting on weight (太ってきた)
□ Losing weight (やせてきた)

DR. MIR. MD. RAIHAN
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BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospital Ltd. As Per-MLC-2008 DG Shipping Bangladesh Approved

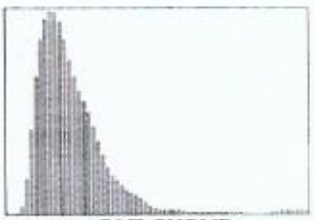
ID NO	: **24030700**	**Date**	: **25/03/2024**
Patient's Name	: **NEFAUR RAHMAN**	**Age**	: **34Y 9M 9D**
Ref. By	: **Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF -C/O/6332**	**Sex**	: **Male**
Specimen	: **Blood**		

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

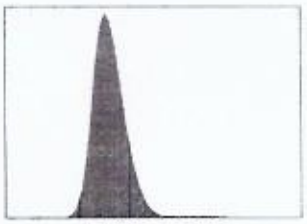
HAEMATOLOGY REPORT

Parameter	Results		Reference Values
Haemoglobin(Hb)	**14.0**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**07**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**4,700**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	56	%	(40 - 75)%
Lymphocytes	34	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**188**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**199,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	15.4	fL	7.0 -11.0 fL
PDW-CV	18.3	%	10 - 18 %
PCT	0.15	%	0.10 - 0.28
P-LCR	62.2	%	9.00 - 45.00%
P-LCC	62	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**5.14**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	44.8	%	M: 40-54%, F: 37-47%
MCV	87.1	fL	76-94 fL
MCH	27.3	pg	27-32 pg
MCHC	31.3	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	18	%	10-16%

WBC CURVE



PLT CURVE



RBC CURVE

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	DIA24030700	Received Date	25/03/2024
Patient's Name	NEFAUR RAHMAN		
Patient's Age	34Y 9M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC C/O	6332
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.55 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030700	Received Date	25/03/2024
Patient's Name	NEFAUR RAHMAN		
Patient's Age	34Y 9M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC C/O	6332
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING RESULT	
ABO Blood Group	"0" (+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.

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030700	Received Date	25/03/2024
Patient's Name	NEFAUR RAHMAN		
Patient's Age	34Y 9M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC C/O	6332
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

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	DIA24030700	Received Date	25/03/2024
Patient's Name	NEFAUR RAHMAN		
Patient's Age	34Y 9M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC C/O	6332
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030700	Receive:25/03/2024	Print: 25/03/2024
Patient's Name	:	**NEFAUR RAHMAN**		
Age	:	34 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

This report has been electronically signed.

ID: 24020578

25-03-2024 15:40:07

Nefaur Rahman.

Male 34 Years

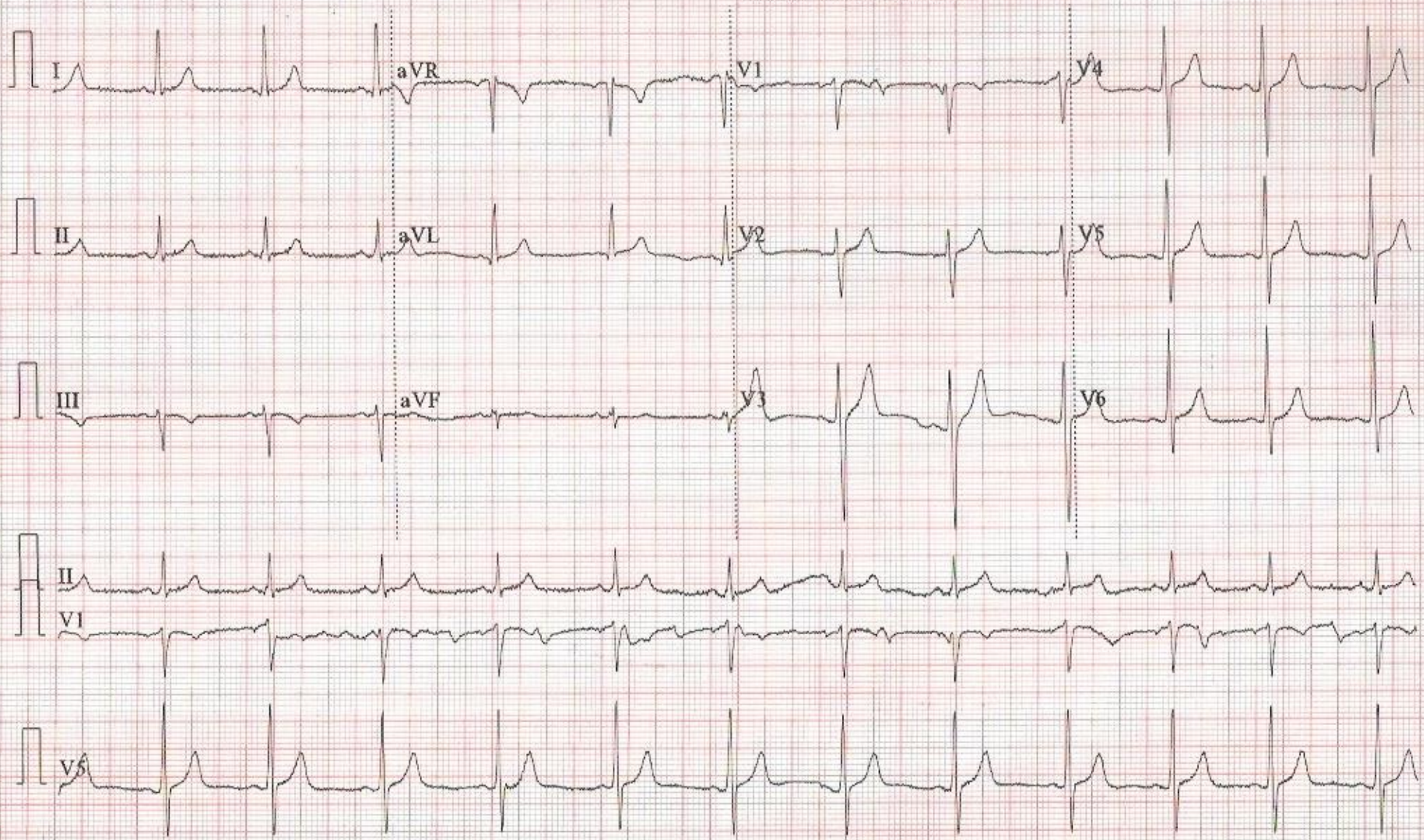
HR	: 73	bpm	
P	: 94	ms	
PR	: 128	ms	
QRS	: 84	ms	
QT/QTc	: 348/384	ms	
P/QRS/T	: 33/0/9	°	
RV5/SV1	: 1.454/0.820	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥73 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV. PEARL RIVER BRIDGE	DATE: 25/03/2024

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

EYE EXAMINATION REPORT

NAME:	**NEFAUR RAHMAN**	**RANK: 3RD ENG**	**CDC NO: C/O/6332**

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

Pre-Joining Medical Report to be Completed by Company's M.O.

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations					Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
			X-ray	ECG	Urine	Blood	LFT				
25 MAR 2024	MV. PEARL RIVER BRIDGE	pulse Fit / BP 120/80 mm	3 R 2	3 R 2	3 R 2	3 R 2	3 R 2				

Creatine	USG

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 16/05/1989 Sex M

Nefaur NEFAUR RAHMAN

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
25 MAR 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DC Shipping Bangladesh Approved Consultant Physician Radical Hospitals Limited	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
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 whose signature follows } Date of birth 16/05/1989 Sex M

Nefaur NEFAUR RAHMAN

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
25 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 Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Dhaka Medical Avenue Uttara, Dhaka BANGLADESH
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. 04.2024.6222

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 RAHMAN **First** NEFAUR **Middle** —

Gender: (Male/Female) MALE Nationality: BANGLADESHI

Occupation: Deck/Engine/Catering/Other (specify) 3RD ENGR

Father's/ Husbad'sname: NURUR RAHMAN

Mother's Name: RIPA RAHMAN

Address: House No: — Street/ Road No: —

Locality/Village: NAHAR HOUSE

P.O: BOGRA SADAR

P.S: BOGRA SADAR

District: BOGRA

Date: 25-03-2024 25 MAR 2024

Rank: 3RD ENGR.

C.D.C No. C1016332

Seaman ID No. 050001461

Passport No. A01252345

NID No. 3254178399

Date of Birth: 16-05-1989

(DD/MM/YYYY)

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:

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/NO
3. Unaided hearing satisfactory? :YES/NO
4. Visual acuity meets standards in section A-I/9? :YES/NO
5. Colour vision meets standards in section A-I/9? :YES/NO
   Date of last colour vision test : 25 MAR 2024
6. Fit for lookout duties? :YES/NO
7. 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
8. Any limitations or restrictions on fitness? :YES/NO

If YES, specify limitations or restrictions:

Duties:
Location/Vessel: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh
Medical/Other:

9. Medical fitness category : Fit-No restriction | Fit-Subject to restrictions | Unfit

10. Date of examination/Issue (DD/MM/YYYY) 25 MAR 2024

11. Date of expiry (DD/MM/YYYY) 24 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.

Seafarer's Signature

Radical Hospital Ltd Official Stamp As Per MLC 2006 DG Shipping Bangladesh Approved

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
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 applieation 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 infectiqns 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. URINE R/M/E

25 MAR 2024

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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