



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.  
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Accredited By : BMDC  
Accreditation No. A55144

PATIENT CONTROL NUMBER:  
HS3904FF

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                 |                                                                    |                                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------|
| SURNAME<br><b>KHAN</b>                                                                                          | FIRST NAME AND<br><b>SHAH</b>                                      | MIDDLE NAME<br><b>NEWAZ</b>           |
| PLACE AND DATE OF BIRTH<br><b>DHAKA 21-Nov-1979</b>                                                             | PASSPORT NUMBER<br><b>A05612180</b>                                | SEAMAN'S BOOK NUMBER<br><b>CO3904</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 :<br><b>166, SHAHJAHAN ROAD, MOHAMMADPUR, MOHAMMADPUR-1207, DHAKA, BANGLADESH</b>        | CONTACT NUMBER : <b>0088 01720-957591</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

| Question                                                                                     | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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.

Shah Newaz Khan

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>75 kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Height (cm) <b>172</b>   | BMI <b>25.3</b>          | Blood Pressure: Systolic <b>130 mm</b> | Diastolic <b>80 mm</b> | PULSE: <b>78 1/1r</b> |      |      |                                     |                          |            |  |  |  |                         |  |       |      |          |            |     |      |      |      |          |            |                          |                          |                          |                          |  |  |  |  |                                     |                          |                          |                          |                          |                          |  |  |  |  |                                     |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------|------------------------|-----------------------|------|------|-------------------------------------|--------------------------|------------|--|--|--|-------------------------|--|-------|------|----------|------------|-----|------|------|------|----------|------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|-------------------------------------|--------------------------|
| <table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>Adequate</th> <th>Inadequate</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>Adequate</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                          |                                        |                        |                       | Ear  |      | Hearing by Audiometry               |                          | Audiometry |  |  |  | Hearing by Whisper Test |  | Right | Left | Adequate | Inadequate | 500 | 1000 | 2000 | 3000 | Adequate | Inadequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Hearing by Audiometry    |                                        | Audiometry             |                       |      |      | Hearing by Whisper Test             |                          |            |  |  |  |                         |  |       |      |          |            |     |      |      |      |          |            |                          |                          |                          |                          |  |  |  |  |                                     |                          |                          |                          |                          |                          |  |  |  |  |                                     |                          |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Left                     | Adequate                 | Inadequate                             | 500                    | 1000                  | 2000 | 3000 | Adequate                            | Inadequate               |            |  |  |  |                         |  |       |      |          |            |     |      |      |      |          |            |                          |                          |                          |                          |  |  |  |  |                                     |                          |                          |                          |                          |                          |  |  |  |  |                                     |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |                        |                       |      |      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |                         |  |       |      |          |            |     |      |      |      |          |            |                          |                          |                          |                          |  |  |  |  |                                     |                          |                          |                          |                          |                          |  |  |  |  |                                     |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |                        |                       |      |      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |                         |  |       |      |          |            |     |      |      |      |          |            |                          |                          |                          |                          |  |  |  |  |                                     |                          |                          |                          |                          |                          |  |  |  |  |                                     |                          |
| 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 |          |           |          | Visual fields                       |           |
|---------|---------------|----------|-----------|----------|-------------------------------------|-----------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |           |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> |           |
| Near    |               |          |           |          | <input checked="" 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☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 18 MAR 2024

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| 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             | <u>Normal</u> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |                                                                                   |
| ECG                     | <u>Normal</u> | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |                                                                                   |
| BLOOD R/E               | <u>Normal</u> | SGPT                               | URINE R/E                                                                      | <u>Normal</u>                                                                  |                                                                                   |
| DC (differential count) | <u>Normal</u> | SGOT                               | OTHERS                                                                         | <u>Normal</u>                                                                  |                                                                                   |
| HAEMOGLOBIN (HGB)       | <u>14.8</u>   | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                                                                          | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)        | <u>05</u>     | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                     | <u>8300</u>   | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL     | <u>5.8</u>    | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     | <u>A+(VE)</u>                                                                     |
| RANDOM                  | <u>5.8</u>    | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             | <u>Normal</u>                                                                     |
| HBA1C                   | <u>5.0%</u>   | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultrasound)                                                        | <u>Normal</u>                                                                     |

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

Signature of Seafarer  
Shah Newaz KhanName of Seafarer  
SHAH NEWAZ KHANDate  
18 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:

☒ Fit for lookout duties☐ Not fit for lookout duties

|       | 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"/> |

☒ 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                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

Fitness Date:

18 MAR 2024

Valid Until:

17 MAR 2026

Signature of Authorised Physician

MBBS (DUI), DPM, CCD (Bardem), PGT (Ophth)

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



# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                                         |  |                                                                                                                                              |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: <b>KHAN</b>                                                                                                                                                                                                                    |  | GIVEN NAME (S): <b>SHAH NEWAZ</b>                                                                                                            |                                                                                 |
| DATE OF BIRTH:<br>DAY <b>21</b> MONTH <b>11</b> YEAR <b>1979</b>                                                                                                                                                                        |  | PLACE OF BIRTH<br>CITY <b>DHAKA</b> COUNTRY <b>BANGLADESH</b>                                                                                | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>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"/> |  | MAILING ADDRESS OF APPLICANT:<br><b>FLAT-102, BUILDING-15, JAPAN GARDEN CITY LTD.</b><br><b>MOHAMMADPUR, DHAKA</b><br><br><b>BANGLADESH.</b> |                                                                                 |

| DECLARATION OF THE AUTHORIZED PHYSICIAN                                                                                                                                                                                                                              |                 |                                                                                                                                                         |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| VISION                                                                                                                                                                                                                                                               |                 | COLOR TEST TYPE                                                                                                                                         | HEARING            |
|                                                                                                                                                                                                                                                                      | WITHOUT GLASSES | WITH GLASSES                                                                                                                                            |                    |
| RIGHT EYE                                                                                                                                                                                                                                                            | <b>6/6</b>      | —                                                                                                                                                       | RIGHT EAR <b>—</b> |
| LEFT EYE                                                                                                                                                                                                                                                             | <b>6/6</b>      | —                                                                                                                                                       | LEFT EAR <b>—</b>  |
|                                                                                                                                                                                                                                                                      |                 | <input checked="" type="checkbox"/> BOOK<br><input checked="" type="checkbox"/> LANTERN<br>YELLOW <b>—</b> RED <b>—</b><br>GREEN <b>—</b> BLUE <b>—</b> |                    |
| Confirmation that identification documents were checked at the point of examination: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                             |                 |                                                                                                                                                         |                    |
| Hearing meets the standards in STCW Code, Section A-1/9? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>                                                                                                            |                 |                                                                                                                                                         |                    |
| Unaided hearing satisfactory? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                    |                 |                                                                                                                                                         |                    |
| Visual acuity meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                       |                 |                                                                                                                                                         |                    |
| Colour vision meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                       |                 |                                                                                                                                                         |                    |
| (the visual test it is required every six years)                                                                                                                                                                                                                     |                 |                                                                                                                                                         |                    |
| Date of the last colour vision test: (Day/Month/Year) <b>18 MAR 2024</b>                                                                                                                                                                                             |                 |                                                                                                                                                         |                    |
| Are glasses or contact lenses necessary to meet the required vision standards? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                   |                 |                                                                                                                                                         |                    |
| Able for watchkeeping? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                           |                 |                                                                                                                                                         |                    |
| Is applicant taking any non-prescription or prescription medications? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                            |                 |                                                                                                                                                         |                    |
| 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                 |                                                                                                                                                         |                    |

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

|                        |                        |                    |
|------------------------|------------------------|--------------------|
| <u>Shah Newaz Khan</u> | <b>SHAH NEWAZ KHAN</b> | <b>18 MAR 2024</b> |
| 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:

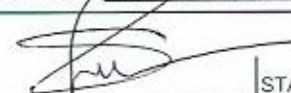
**FIT FOR DUTY ON BOARD SHIP**

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 CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

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

|                                                                                                             |                                                                                                          |                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|
| SIGNATURE OF PHYSICIAN:  | STAMP OF PHYSICIAN:  | DATE: <b>18 MAR 2024</b> |
| EXPIRY DATE OF CERTIFICATE: <b>17 MAR 2026</b>                                                              |                                                                                                          |                          |

*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 (Birmen), PGT (Ophth)  
 DMDC A-55144, MMC-BCD-010  
 DG Shipping Bangladesh Approved  
 General Physician  
 Redical Hospitals Limited

ID NO : 24030443

Date : 18/03/2024

Patient's Name : SHAH NEWAZ KHAN

Age : 44Y 3M 26D

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - C/O/ 3904

Sex : Male

Specimen : Blood

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

**HAEMATOLOGY REPORT**

| Parameter                          | Results        | Reference Values                  | Histogram                               |
|------------------------------------|----------------|-----------------------------------|-----------------------------------------|
| <b>Haemoglobin(Hb)</b>             | <b>14.8</b>    | <b>g/dl</b>                       | M:12-16, F:10-14.0 g/dl                 |
| <b>ESR(Westergren)</b>             | <b>05</b>      | <b>mm/1st hr</b>                  | M:0-10, F:0-20 mm/1st hr                |
| <b>TOTAL WBC COUNT</b>             | <b>8,300</b>   | <b>/cumm</b>                      | 4,000 - 11,000 /cumm                    |
| <b><u>DIFFERENTIAL COUNT</u></b>   |                |                                   |                                         |
| Neutrophils                        | 63             | %                                 | (40 - 75)%                              |
| Lymphocytes                        | 29             | %                                 | (20-45)%                                |
| Monocytes                          | 05             | %                                 | (2-10)%                                 |
| Eosinophils                        | 03             | %                                 | (1-6)%                                  |
| Basophil                           | 00             | %                                 | 0-1 %                                   |
| <b>TOTAL CIR. EOSINOPHIL COUNT</b> | <b>249</b>     | <b>/cumm</b>                      | 40 - 450 /cumm                          |
| <b>TOTAL PLATELET COUNT(PC)</b>    | <b>332,000</b> | <b>/cumm</b>                      | 1,50,000-4,50,000 /cumm                 |
| MPV                                | 9.5            | fL                                | 7.0 -11.0 fL                            |
| PDW-CV                             | 16.3           | %                                 | 10 - 18 %                               |
| PCT                                | 0.31           | %                                 | 0.10 - 0.28                             |
| P-LCR                              | 23.2           | %                                 | 9.00 - 45.00%                           |
| P-LCC                              | 77             | $\times 10^3/\mu\text{L}$         | 13 - 129 $\times 10^3/\mu\text{L}$      |
| <b>RBC COUNT</b>                   | <b>5.37</b>    | <b>m/<math>\mu\text{L}</math></b> | M: 4.5-6.5, F: 3.8-5.8 m/ $\mu\text{L}$ |
| HCT/PCV                            | 48.6           | %                                 | M: 40-54%, F: 37-47%                    |
| MCV                                | 90.6           | fL                                | 76-94 fL                                |
| MCH                                | 27.6           | pg                                | 27-32 pg                                |
| MCHC                               | 30.4           | g/dL                              | 29-34 g/dL                              |
| RDW SD                             | 50             | fL                                | 30.0-57.0 fL                            |
| RDW CV                             | 16.3           | %                                 | 10-16%                                  |



WBC CURVE



PLT CURVE



RBC CURVE

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.



|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24030443                                           | Received Date | 18/03/2024 |
| Patient's Name | SHAH NEWAZ KHAN                                       |               |            |
| Patient's Age  | 44Y 3M 26D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 3904  |
| 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)  | 0.60 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 22.0 U/L   | Up to 37 U/L     |
| HbA1C                    | 5.0 %      | 4.0- 6.0 %       |

**REMARKS (IF ANY)**

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

Checked By

Medical Technologist.  
Radical Hospital Ltd.

  
**Dr. Sumaiya Khatun**

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24030443                                           | Received Date | 18/03/2024 |
| Patient's Name | SHAH NEWAZ KHAN                                       |               |            |
| Patient's Age  | 44Y 3M 26D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 3904  |
| Sample         | BLOOD                                                 |               |            |

## SEROLOGICAL REPORT

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

**RADICAL**

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        | DIA24030443                                           | Received Date | 18/03/2024 |
| Patient's Name | SHAH NEWAZ KHAN                                       |               |            |
| Patient's Age  | 44Y 3M 26D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 3904  |
| Sample         | URINE                                                 |               |            |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

DATE: 18/03/2024

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

**EYE EXAMINATION REPORT**

NAME: SHAH NEWAZ KHAN

RANK: CH.ENG

CDC NO: C/O/3904

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: 24020576

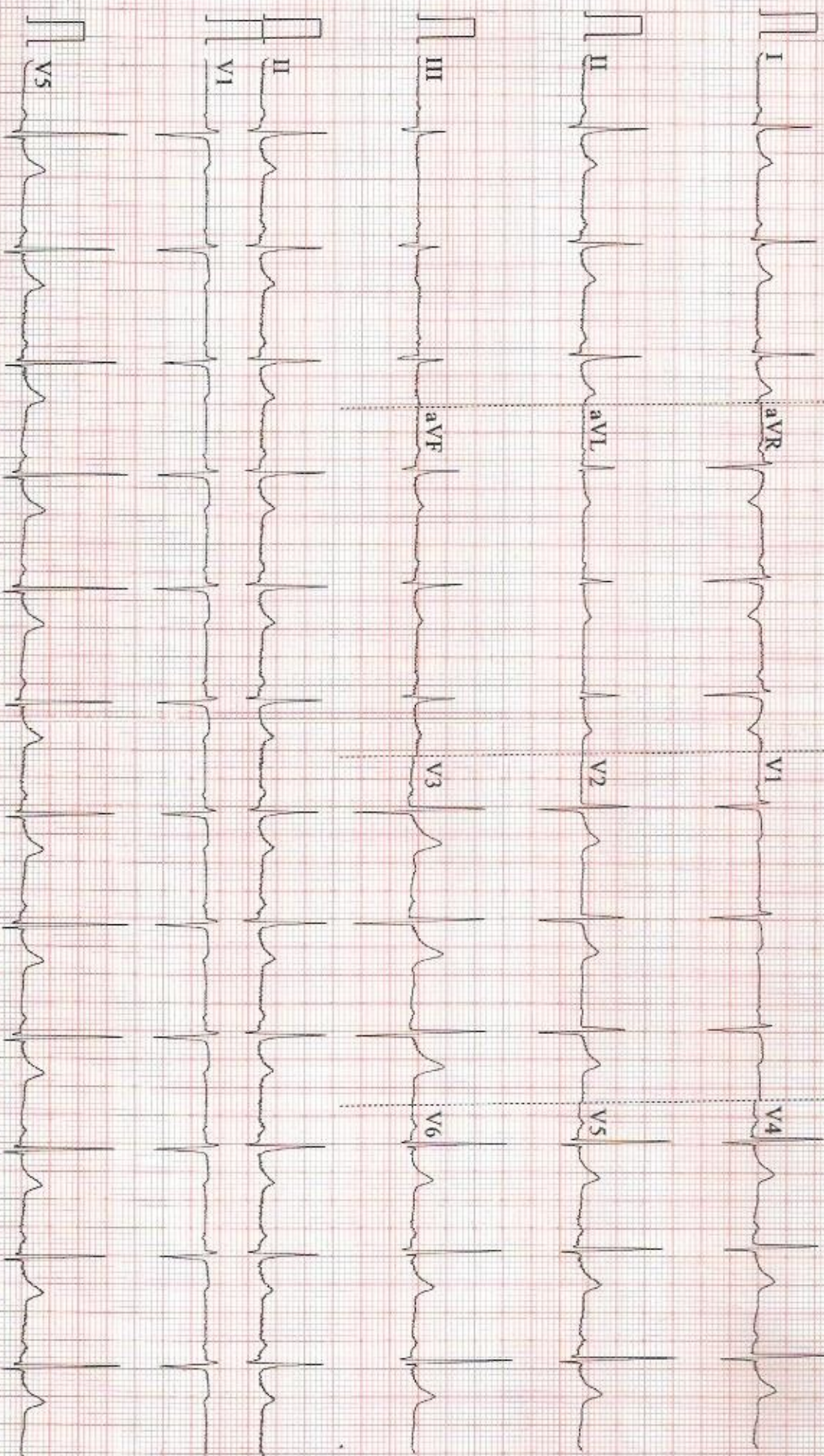
15-03-2024 15:00:31

*Shah Naveed Khan*  
Male 95 Years

|         |               |     |
|---------|---------------|-----|
| HR      | : 75          | bpm |
| P       | : 98          | ms  |
| PR      | : 148         | ms  |
| QRS     | : 80          | ms  |
| QT/QTc  | : 374/418     | ms  |
| P/QRS/T | : 46/34/26    | °   |
| RV5/SVI | : 1.700/0.857 | mV  |

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 4\*2.5s+3r

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24030443 Receive: 18/03/2024 Print: 18/03/2024  
Patient's Name : **SHAH NEWAZ KHAN**  
Age : 45 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.

Page of 1



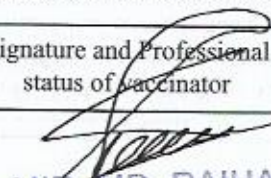
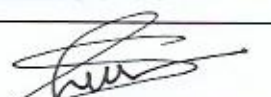
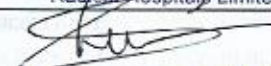
# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that  
whose signature follows

Date of birth 21-11-1979 Sex MALE

SHAH NEWAZ KHAN (C/O) 3904

has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                                                                                   | Approved Stamp                                                                      |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1<br>10 NOV 2021 | <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<br>22 NOV 2021 | <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.   |    |
| 3<br>05 FEB 2023 | <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.   |   |
| 4<br>18 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. |  |
| 6                |                                                                                                                                                                                                                                                                                   |                                                                                     |
| 7                |                                                                                                                                                                                                                                                                                   |                                                                                     |
| 8                |                                                                                                                                                                                                                                                                                   |                                                                                     |

Continued overleaf Suite our erso