



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 : BMDQ
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
HS4336FF

MEDICAL EXAMINATION CERTIFICATE



ALAM	FIRST NAME AND SHAZEDUL	MIDDLE NAME
PLACE AND DATE OF BIRTH SHARIATPUR 1-Jun-1980	PASSPORT NUMBER A13133375	SEAMAN'S BOOK NUMBER CO4336
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : OIL/CHEM TANKER
PERMANENT HOME ADDRESS : CHAR SENSUS, BALARHAT, BHED ARGANJ, SAKHIPUR, SHARIATPUR, BANGLADESH		TRADING AREA : WORLD WIDE
CONTACT NUMBER : 008801975109297		RANK : CHIEF 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

35 Have you ever been signed off as sick or repatriated from a ship?	YES	NO
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 75kg	Height (cm) 176	BMI 24.2	Blood Pressure: Systolic 130 mmHg Diastolic 80 mmHg	PULSE: 78 bpm
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate	
Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate	
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐				

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	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) 26 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	☒	☐
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

Chest X-Ray	<u>NDP</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>NDP</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	<u>NDP</u>	SGPT	URINE R/E	<u>NDP</u>
DC(differential count)	<u>NDP</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>15.2</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>9.5</u>	Morphine	☐ Positive ☒ Negative	☐ Reactive ☒ Nonreactive
WBC	<u>7.600</u>	Amphetamine	☐ Positive ☒ Negative	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	☐ Reactive ☒ Nonreactive
RANDOM	<u>5.2</u>	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	<u>5.0%</u>	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others (KUB Ultrasound)

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

Signature of Seafarer: SHAZEDUL ALAM Name of Seafarer: SHAZEDUL ALAM Date: 26 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	☒	☒	☒	☒
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: 26 MAR 2024 Valid Until: 25 MAR 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAHAN

MBBS (DUP) and MD (DUP) (1994) (No. 18)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

In Accordance with Medical Examination (Seafarers Convention, 1946) and STCW 1978/1996 as Amended, MLC 2006

Drug and Alcohol Screening Affidavit

CSC 04A

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

Surname: ALAM		First Name: SHAZEDUL				
Date of Birth (DD/MM/YY): 01-JUN-1980		Address: HOUSE # 345, FLAT # A-6, SIXFLOOR, PALASH BAG, WEST RAMPURA				
Place of Birth: SHARIATPUR		Street: City: DHAKA Postal Code: 1219 Country: BANGLADESH				
Examination for duty as	Master	Officer	Engineer	Rating	Cadet	
Please indicate the quantity of alcohol you consume weekly		Beer (litre)..... Wine (litre)..... Spirits (measures).....				
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.						
Have you ever been convicted of a charge involving illegal drugs?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever been convicted of a drinking related incident?		Yes.....No.....(If Yes please detail on the reverse)				
Have you ever received treatment for alcohol or drug dependence?		Yes.....No.....(If Yes please detail on the reverse)				
Signed and Dated (by Seafarer)		Note: If circumstances change with respect to the above statements, inform the company of such changes immediately.				

Drug and Alcohol Screening Affidavit**CSC 04A****PART B - To be completed by Physician and Seafarer during Medical Examination**

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

Name, Address of Physician:

DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)
REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:



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

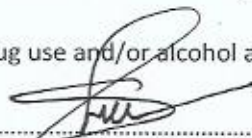
Date: **26 MAR 2024****Anti-Drug and Alcohol Abuse Affidavit**

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

SHAZEDUL ALAM

Examinee's Name & Signature

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



Examining Physician's Signature

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

ORIGINAL TO BE RETAINED BY CREWING AGENCY



Drug and Alcohol Screening Affidavit

CSC 04A

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

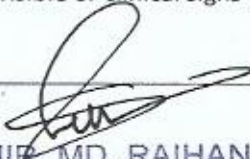
Surname: ALAM		First Name: SHAZEDUL				
Date of Birth (DD/MM/YY): 01-JUN-1980		Address: HOUSE # 345, FLAT # A-6, SIXFLOOR, PALASH BAG, WEST RAMPURA				
Place of Birth: SHARIATPUR		Street: City: DHAKA Postal Code: 1219 Country: BANGLADESH				
Examination for duty as	Master	Officer	Engineer	Rating	Cadet	
Please indicate the quantity of alcohol you consume weekly		Beer (litre)..... Wine (litre)..... Spirits (measures).....				
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.						
Have you ever been convicted of a charge involving illegal drugs?		Yes..... <u>No</u>(If Yes please detail on the reverse)				
Have you ever been convicted of a drinking related incident?		Yes..... <u>No</u>(If Yes please detail on the reverse)				
Have you ever received treatment for alcohol or drug dependence?		Yes..... <u>No</u>(If Yes please detail on the reverse)				
Signed and Dated (by Seafarer)		Note: If circumstances change with respect to the above statements, inform the company of such changes immediately.				

Drug and Alcohol Screening Affidavit**CSC 04A****PART B - To be completed by Physician and Seafarer during Medical Examination**

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

Name, Address of Physician:
DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)
REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician:


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

Date:

26 MAR 2024**Anti-Drug and Alcohol Abuse Affidavit**

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

SHAZEDUL ALAM

Examinee's Name & Signature

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

Examining Physician's Signature


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

ORIGINAL TO BE RETAINED BY CREWING AGENCY



Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name: ALAM, SHAZEDUL

Passport No.: A13133375

Seaman's Book No.: CO4336

Date of Birth: 01-JUN-1980

Medical Center Name: REDICAL HOSPITALS LIMITED

Full Address: 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Doctor's Name: DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

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

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

Date

26 MAR 2024



Examined by (Name/Signature)

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

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name: ALAM, SHAZEDUL

Passport No.: A13133375

Seaman's Book No.: CO4336

Date of Birth: 01-JUN-1980

Medical Center Name: REDICAL HOSPITALS LIMITED

Full Address: 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Doctor's Name: DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

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

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

Date 26 MAR 2024



Examined by (Name/Signature)

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **ALAM**

GIVEN NAME (S): **SHAZEDUL**

DATE OF BIRTH:

DAY **1** MONTH **6** YEAR **1980**

PLACE OF BIRTH

CITY **SHARIATPUR** COUNTRY **BANGLADESH**

SEX

MALE ☒ FEMALE ☐

POSITION ON BOARD:

MASTER ☐
DECK OFFICER ☐
ENGINEERING OFFICER ☒
RADIO OPERATOR ☐
RATING ☐

MAILING ADDRESS OF APPLICANT:

HOUSE # 345, FLAT # A-6, SIXFLOOR, PALASH BAG, WEST RAMPURA
DIST-DHAKA 1219,

BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION

WITHOUT GLASSES

WITH GLASSES

RIGHT EYE

6/6

—

LEFT EYE

6/6

—

COLOR TEST TYPE

☒ BOOK

☐ LANTERN

YELLOW ☒ RED ☒

GREEN ☒ BLUE ☒

HEARING

RIGHT EAR **MM**

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) **26 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.

SHAZEDUL ALAM

26 MAR 2024

Signature of Applicant

Name of Applicant

Date

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

FIT FOR DUTY ON BOARD SHIP

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

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

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

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

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE:

EXPIRY DATE OF CERTIFICATE:

25 MAR 2026

26 MAR 2024

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

M.B.B.S.(D.U.), DPM, CCB (Bdum), PGT (Opht)

BMDC A-55144, MMC-BGD-016

DG Shipp.ng Bangladesh Approved

General Physician

Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **ALAM**

GIVEN NAME (S): **SHAZEDUL**

DATE OF BIRTH:

DAY **1** MONTH **6** YEAR **1980**

PLACE OF BIRTH

CITY **SHARIATPUR** COUNTRY **BANGLADESH**

SEX

MALE ☒ FEMALE ☐

POSITION ON BOARD:

MASTER ☐
DECK OFFICER ☐
ENGINEERING OFFICER ☒
RADIO OPERATOR ☐
RATING ☐

MAILING ADDRESS OF APPLICANT:

HOUSE # 345, FLAT # A-6, SIXFLOOR, PALASH BAG, WEST RAMPURA
DIST-DHAKA 1219,

BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION

WITHOUT GLASSES

WITH GLASSES

RIGHT EYE

6/6

—

LEFT EYE

6/6

—

COLOR TEST TYPE

☒ BOOK

☒ LANTERN

YELLOW ☒ RED ☒

GREEN ☒ BLUE ☒

HEARING

RIGHT EAR ☒

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 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)

26 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.

SHAZEDUL ALAM

Signature of Applicant

Name of Applicant

26 MAR 2024

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:

26 MAR 2024

DATE:

EXPIRY DATE OF CERTIFICATE:

25 MAR 2026

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

Medical Exam Form
CONFIDENTIAL FORM
Pre-sea Exam ☐ Periodic Exam ☒

Name (last, first, middle): ALAM, SHAZEDUL

Date of birth (day/month/year): 01/06/1980

Sex: male

female ☒

Home address: HOUSE # 345, FLAT # A-6, SIXFLOOR, PALASH BAG, WEST RAMPURA, DHAKA-1219,
BANGLADESH

Passport No./Discharge Book No.: A13133375

Department (deck/engine/radio/food handling/other): BULK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL/CHEM TANKER

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleeping 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 below.



Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 37. Have you ever been declared unfit for seaduty? | ☐ | ☒ |
| 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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year): **26 MAR 2024**

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

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 (the approved medical examiner).

Signature of examinee: _____

Date (day/month/year): **26 MAR 2024**

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

Date & Contact details for previous medical examination (if known):) _____



MEDICAL EXAMINATION

Sight

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

Visual Acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	15	15	✓			

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 176 (cm) Weight: 75 (kg) Pulse rate: 78 (/minute) Rhythm: Regular.
Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Head

Sinuses, nose, throat	☒	☐
Mouth/teeth	☒	☐
Ears (general)	☒	☐
Tympanicmembrane	☒	☐
Eyes	☒	☐
Ophthalmoscopy	☒	☐
Pupils	☒	☐
Eyemovement	☒	☐
Lungs and chest	☒	☐
Breast examination	☒	☐
Heart	☒	☐

Skin

Varicose veins	☒	☐
Vascular(inc. pedal pulses)	☒	☐
Abdomen and viscera	☒	☐
Hernia	☒	☐
Anus (not rectal exam.)	☒	☐
G-U system	☒	☐
Upper and lower extremities	☒	☐
Spine (C/S, T/S and L/S)	☒	☐
Neurologic (full brief)	☒	☐
Psychiatric	☒	☐
General appearance	☒	☐

Normal Abnormal

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 26 MAR 2024

Results: Normal chest x-ray



Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L. Non Reactive
Immunodeficiency Virus Anti bodies _____

Other diagnostic test(s) and result(s):

Test Blood Pressure Result Normal

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

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 duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☐ No ☒

Describe restrictions (eg. Specific positions, type of ship, trade area)

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

Medical certificate's date of expiration (day/month/year): 25 MAR 2026

Date of examination (day/month/year): 26 MAR 2024

Number of Medical Certificate: _____ Official stamp: _____

Signature of medical practitioner: _____

Name of medical examiner: (Typed or printed) _____

Address of medical practitioner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

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



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME ALAM		GIVEN NAME(S) SHAZEDUL	
NATIONALITY BANGLADESHI		ID DOCUMENT NO: C/O/4336	
DATE OF BIRTH 06 MONTH 01 DAY 1980 YEAR	PLACE OF BIRTH SHARIATPUR CITY	BANGLADESH COUNTRY	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE # 345, FLAT # A-6, SIX FLOOR, PALASH BAG, WEST RAMPURA, DHAKA-1219, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 176 cm	WEIGHT 75 kg	BLOOD PRESSURE 130/80 mmHg	PULSE 78 bpm	RESPIRATION 19 /min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR ☒ LEFT EAR ☒			
WITH GLASSES					

COLOR TEST TYPE: BOOK ☐ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☒ GREEN ☐ BLUE ☒

DATE OF LAST COLOR VISION TEST: 26 MAR 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒

EXTREMITIES:
UPPER ☒ LOWER ☒

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

26 MAR 2024

SIGNATURE OF APPLICANT

DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

SHAZEDUL ALAM

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES ☒

No ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER /
RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

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

ADDRESS

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN :



DATE OF EXAMINATION: 26 MAR 2024

EXPIRY DATE OF CERTIFICATE : 25 MAR 2026

SEAFARER ACKNOWLEDGMENT

I, SHAZEDUL ALAM (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE
CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certified 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 immediately preceding applications 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.2/1997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specified 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 physicians should, where appropriate, examine the seafarer's 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:

- Hearing**
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- Dental**
 - Seafarers must be free from infections of the mouth cavity or gums.
- Blood Pressure**
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- Voice**
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- Vaccinations**
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- Diseases or Conditions**
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- Physical Requirements**
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals.

EXAMINATION:

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

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



26 MAR 2024

Medical Exam Form
CONFIDENTIAL FORM
Pre-sea Exam ☐ Periodic Exam ☒

Name (last, first, middle): ALAM, SHAZEDUL

Date of birth (day/month/year): 01/06/1980

Sex: male

female ☒

Home address: HOUSE # 345, FLAT # A-6, SIXFLOOR, PALASH BAG, WEST RAMPURA, DHAKA-1219,
BANGLADESH

Passport No./Discharge Book No.: A13133375

Department (deck/engine/radio/food handling/other): BULK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL/CHEM TANKER

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleeping 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 below.

Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year): 26 MAR 2024

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

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 (the approved medical examiner).

Signature of examinee: _____

Date (day/month/year): 26 MAR 2024

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

Date & Contact details for previous medical examination (if known):) _____



MEDICAL EXAMINATION

Sight

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

Visual Acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/11	6/11	6/11			
Near	25	25	25			

	Visual fields	
	Normal	Defective
Right eye	/	
Left eye	/	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 176 (cm) Weight: (kg) 75 (kg) Pulse rate: 78 (/minute) Rhythm: Regular
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Head

Sinuses, nose, throat	☒	☐
Mouth/teeth	☒	☐
Ears (general)	☒	☐
Tympanic membrane	☒	☐
Eyes	☒	☐
Ophthalmoscopy	☒	☐
Pupils	☒	☐
Eyemovement	☒	☐
Lungs and chest	☒	☐
Breast examination	☒	☐
Heart	☒	☐

Skin

Varicose veins	☒	☐
Vascular (inc. pedal pulses)	☒	☐
Abdomen and viscera	☒	☐
Hernia	☒	☐
Anus (not rectal exam.)	☒	☐
G-U system	☒	☐
Upper and lower extremities	☒	☐
Spine (C/S, T/S and L/S)	☒	☐
Neurologic (full brief)	☒	☐
Psychiatric	☒	☐
General appearance	☒	☐

Normal Abnormal

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 26 MAR 2024

Results: Normal chest X-ray

Urinalysis: Glucose: Nil Protein: NilBlood Analysis: Hepatitis B Test Negative, V.D.R.L. Non Reactive,
Immunodeficiency Virus Anti bodies _____

Other diagnostic test(s) and result(s):

Test Blood Tyne Result normal

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIPVaccination status recorded: ☒ Yes ☐ No**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 duty ☐ Not fit for look-out duty

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

Visual aid required: Yes ☐ No ☒

Describe restrictions (eg. Specific positions, type of ship, trade area)

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

Medical certificate's date of expiration (day/month/year): 25 MAR 2026 / _____Date of examination (day/month/year): 26 MAR 2024 / _____

Number of Medical Certificate: _____ Official stamp: _____

Signature of medical practitioner: _____ **DR. MIR. MD. RAIHAN**Name of medical examiner: (Typed or printed) _____ **MBBS (DU), DPM, CCD (Bitem), PGT (Opht)**
BMDA A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Address of medical practitioner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME ALAM		GIVEN NAME(S) SHAZEDUL	
NATIONALITY BANGLADESHI		ID DOCUMENT NO: C/O/4336	
DATE OF BIRTH 06 MONTH 01 DAY 1980 YEAR	PLACE OF BIRTH SHARIATPUR CITY	BANGLADESH COUNTRY	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE # 345, FLAT # A-6, SIX FLOOR, PALASH BAG, WEST RAMPURA, DHAKA-1219, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 176cm	WEIGHT 75kg	BLOOD PRESSURE 130/80mmHg	PULSE 78b/min	RESPIRATION 19b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES		HEARING: RT. EAR ☒ LEFT EAR ☒			
COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☐ GREEN ☐ BLUE ☐					

DATE OF LAST COLOR VISION TEST: 26 MAR 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒
EXTREMITIES: UPPER Normal LOWER Normal	

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

26 MAR 2024

SIGNATURE OF APPLICANT

DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

SHAZEDUL ALAM

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES ☒

No ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING / CHIEF COOK / COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

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

ADDRESS

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN :



DATE OF EXAMINATION: 26 MAR 2024

EXPIRY DATE OF CERTIFICATE : 25 MAR 2026

SEAFARER ACKNOWLEDGMENT

I, SHAZEDUL ALAM (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months immediately preceding applications 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.2/1997)*. 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 seafarer's 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:

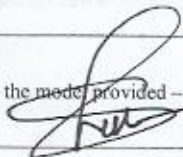
- Hearing**
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- Dental**
 - Seafarers must be free from infections of the mouth cavity or gums.
- Blood Pressure**
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- Voice**
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- Vaccinations**
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, *International Travel and Health, Vaccination Requirements and Health Advice*, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- Diseases or Conditions**
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- Physical Requirements**
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals.

EXAMINATION:

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



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

26 MAR 2024



ID NO : 24030727

Date : 26/03/2024

Patient's Name : SHAZEDUL ALAM

Age : 43Y 9M 25D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4336

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)	15.2 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	7,600 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	55 %	(40 - 75)%	
Lymphocytes	35 %	(20-45)%	
Monocytes	06 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	304 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	324,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	9.2 fL	7.0 -11.0 fL	
PDW-CV	16 %	10 - 18 %	
PCT	0.3 %	0.10 - 0.28	
P-LCR	21.1 %	9.00 - 45.00%	
P-LCC	69 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.48 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	48.7 %	M: 40-54%, F: 37-47%	
MCV	88.9 fL	76-94 fL	
MCH	27.7 pg	27-32 pg	
MCHC	31.1 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



Bill No	DIA24030727	Received Date	26/03/2024
Patient's Name	SHAZEDUL ALAM		
Patient's Age	43Y 9M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4336
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20.0 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	DIA24030727	Received Date	26/03/2024
Patient's Name	SHAZEDUL ALAM		
Patient's Age	43Y 9M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4336
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	"B" (+ve)
Rh (D)Factor	Positive

Checked By


Medical Technologist,
Radical Hospital Ltd.


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

Bill No	DIA24030727	Received Date	26/03/2024
Patient's Name	SHAZEDUL ALAM		
Patient's Age	43Y 9M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4336
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



Bill No	DIA24030727	Received Date	26/03/2024
Patient's Name	SHAZEDUL ALAM		
Patient's Age	43Y 9M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4336
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

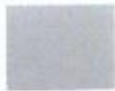
Drug Level of Urine

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.

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24030727 Receive: 26/03/2024 Print: 26/03/2024
Patient's Name : SHAZEDUL ALAM
Age : 43 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

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

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

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

This report has been electronically signed.

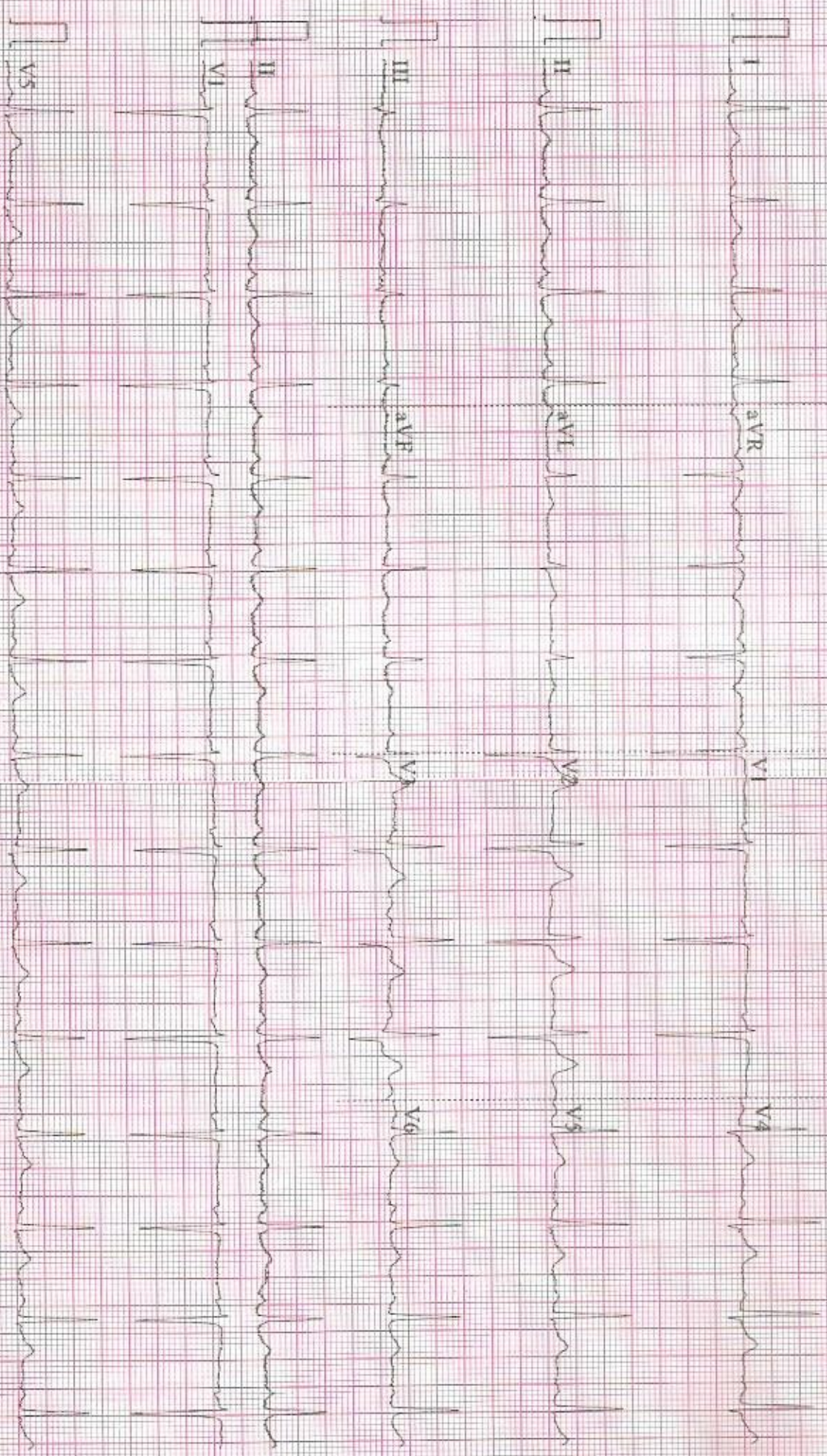
Page of 1

13-2-2020 578
 Smith's Medical
 4/3/2020

HR	59	bpm
P	104	ms
PR	148	ms
QRS	84	ms
QT/QTc	342/417	ms
P/QRS/T	49/38/22	°
RV5/SV1	1.31/2.15/0.2	mV

Diagnosis Information
 Sinus rhythm
 Normal ECG

Report Confirmed by:





REF: MT. MARINA NEPTUNE

DATE: 26/03/2024

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

EYE EXAMINATION REPORT

NAME: SHAZEDUL ALAM

RANK: CH.ENG

CDC NO: C/O/4336

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6

UNAIDED

AIDED

RADICAL

COLOUR VISION:

NORMAL / BLIND

OPINION

: UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital



Patient's Name	:	SHAZEDUL ALAM		
Age	:	43 Yrs	Date	: 27/03/2024
Sex	:	Male	CDC NO:	C/O/4336
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / <u>Good</u> / very good / excellent
Verbal Reasoning test	Poor / <u>Good</u> / very good / excellent
Inductive reasoning test	Poor / <u>Good</u> / very good / excellent
Diagrammatic Reasoning test	Poor / <u>Good</u> / very good / excellent
Logical Reasoning test.	Poor / <u>Good</u> / very good / excellent
Error checking test	Poor / <u>Good</u> / very good / excellent
2.Skill Test	Poor / <u>Good</u> / very good / excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / <u>Good</u> / very good / excellent
Assumptions	Poor / <u>Good</u> / very good / excellent
Deductions	Poor / <u>Good</u> / very good / excellent
Interpreting Information's	Poor / <u>Good</u> / very good / excellent
Inferences	Poor / <u>Good</u> / very good / excellent
5.Situational Judgment Test.	Poor / <u>Good</u> / very good / excellent

Poor: <6

Good: 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

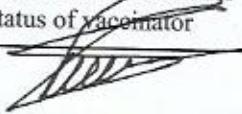
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 01-JUN-1980 Sex MALE

SHAZEDUL ALAM (C1014336)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
15 JUN 2023	 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.	
26 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.	

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 01-JUN-1980 Sex MALE

SHAZEDUL ALAM (C10/4336)

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
15 JUN 2022	 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.		
2			
3			
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.