

HAQUE & SONS LTD.



Accredited By : BMDC

Accreditation No. A 55144

MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMBER	ē
HS4336FF	

SEAMANS BOOK NUMBER AJUN-1990 FINANCIANTY AMOUNT SANGLADESS: SEAMANS BOOK NUMBER AJUN-1990 FINANCIANTY AMOUNT SANGLADESS: SEX: Male Female VESSEL TYPE: PILCHEM TANKE TRADING AREA; WORLDW AND ALTHOUGH TRADING AREA; WORLDW RANK: CONTACT NUMBER: GOSS01975109297 RANK: CHIEF ENGINEER CONTACT NUMBER: GOSS01975109297 RANK: CONTACT NUMBER: GOSS01975109297 RANK: CHIEF ENGINEER CONTACT NUMBER: GOSS01975109297 RANK: CHIEF ENGINEER CONTACT NUMBER: GOSS01975109297 RANK: CHIEF ENGINEER CONTACT NUMBER: GOSS01975109297 RANK: CONTACT NUMBE		NO. P	FIRST NAM	Contrary of	2012/05/2		MIDDLE NAME		
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BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Revision Date: 24th July 2022





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							
Examination for duty as	Master		Officer	Engineer	Rating	Cadet			
Please indicate the quantity of alcohol you consume weekly	Beer (litre) Wine (litre Spirits (me)							
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.									
Have you ever been convicted of a charge involving illegal drugs?	Yes	. (Ŋ	2	(If Yes please	detail on the	e reverse)			
Have you ever been convicted of a drinking related incident?	Yes	N	2	(If Yes please	detail on the	e reverse)			
Have you ever received treatment for alcohol or drug dependence?	Yes	G	2	(If Yes please	detail on the	e reverse)			
Signed and Dated (by Seafarer)				ange with resp ompany of such					





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

Date: 26 MAR 2024

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

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







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							
Examination for duty as	Master	Country: BANG	Engineer	Rating	Cadet				
Please indicate the quantity of alcohol you consume weekly	Beer (litre). Wine (litre) Spirits (me			L					
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	e reverse)				
Have you ever been convicted of a drinking related incident?	Yes	(NO)	(If Yes please	detail on the	e reverse)				
Have you ever received treatment for alcohol or drug dependence?	Yes	(No.)	(If Yes please	detail on the	e reverse)				
Signed and Dated (by Seafarer)	Note: If circ statements	cumstances ch , inform the c	nange with resp ompany of sucl	ect to the ab	oove mediately.				





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

Date:

2 6 MAR 2024 Hospitals Limited

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

2 6 MAR 2024

HOSDIG As Par-MIC 2008 B Examined by (Name/Signature)

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

Rev: 02

Page 1 of 1





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

2 6 MAR 2024

AS PERMICATOR

Examined by (Name/Signature)

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

	MEDICAL CEI	RTIFICATE	FOR	PERSONNEL SERVIC	E ON BOARD	
SURNAME: ALAM			GIVE	N NAME (S): SHAZEDUL		W.
DATE OF BIRTH:			PLACE	OF BIRTH		oev.
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POSITION ON BOARD:		35500		G ADDRESS OF APPLICAN	BANGLADESH	MALE / FEMALE
MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR RATING		E E	HOUSE DIST-D	E # 345, FLAT # A-6, SIXFLO HAKA 1219, .ADESH.		G, WEST RAMPURA
DECLARATION OF THE	E AUTHORIZED PHYSIC	IAN			*	
	VISION			COLOR TEST TYPE		HEARING
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NAME AND DEGREE OF	PHYSICIAN: DR. MIR I	MD. RAIHAN-	MRE	S.S.(D.U.), REG. NO. A-5514		
ADDRESS: REDICAL HO	SPITALS LIMITED, 35, SH	HAH MAKHDUM	AVENU	JE, SECTOR-12, UTTARA, DHAK	4 4000 5	-
NAME OF PHYSICIAN'S	CERTIFICATING AUTHO	DRITY DG SH	IPPING	BANGI ADESH	A-1230, BANGLADE	SH.
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BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

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Able for watchkeeping? Yells applicant taking any notes that seafarer free from a he health of other person. Hereby I declare that I and Signature of Application of Picture 1 and Signature 1 and Signa	on-prescription or prescrip any medical condition like is on board? YES No in in knowledge of the condition CER / RADIO OPERAT	otion medications? YE bely to be aggravated by the below tents of the Physical B SHAZEDUL AI Name of Applica IS FOUND TO BE FOR / RATING) (WITHER TOR DUTY COMB. MD. RAIHAN; M.B. HAH MAKHDUM AVEN DRITY: DG SHIPPIN	es No py service at sea or to render the sexamination. LAM (FIT / NOT FIT) FOR DUTY A THOUT ANY / WITH THE FOR DARD SHIP B.S.(D.U.), REG. NO. A-5514 IUE, SECTOR-12, UTTARA, DHAK	2 6 MAR 2024 Date AS A (MASTER / DECK OFFCIER / LLOWING) RESTRICTIONS:
Is the seafarer free from a he health of other person. Hereby I declare that I an Signature of App CIRCLE APPROPIATE ENGINEERING OF PICENAME AND DEGREE OF ADDRESS: REDICAL HOS NAME OF PHYSICIAN'S	on-prescription or prescrip any medical condition like is on board? YES No in in knowledge of the confinence CER / RADIO OPERAT PHYSICIAN: DR. MIR IN SPITALS LIMITED, 35, SH CERTIFICATING AUTHO CIAN'S CERTIFICATE: 0	stion medications? YE by to be aggravated by the tents of the Physical By SHAZEDUL AL Name of Applica IS FOUND TO BE FOR / RATING) (WITHER TOR DUTY COMB. MD. RAIHAN; M.B. HAH MAKHDUM AVEN DRITY: DG SHIPPIN 1605-2014	es No py service at sea or to render the sexamination. LAM (FIT / NOT FIT) FOR DUTY A THOUT ANY / WITH THE FOR DARD SHIP B.S.(D.U.), REG. NO. A-5514 IUE, SECTOR-12, UTTARA, DHAK	Date AS A (MASTER / DECK OFFCIER / LLOWING) RESTRICTIONS: 4 A-1230, BANGLADESH.

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



Medical Exam Form

CONFIDENTIALFORM Pre-seaExam PeriodicExam 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 (Assistanceshould beoffered bymedical staff) Haveyou ever had anyof thefollowing conditions: Condition Condition Yes No 1 Eye/vision problem 18. Sleepingproblems 2. High blood pressure 19. Do you smoke? 3. Heart/vasculardisease 20. Operation/surgery 4. Heart surgery Epilepsy/seizures 5. Varicose veins 22. Dizziness/fainting 6. Asthma/bronchitis 23. Loss of consciousness 7. Blood disorder 24. Psychiatricproblems 8 Diabetes 25. Depression 9. Thyroid problem 26. Attempted suicide 10. Digestivedisorder 27. Loss of memory 11. Kidneyproblem 28. Balanceproblem 12. Skin problem 29. Severeheadaches 13. Allergies 30. Ear/nose/throat problems 14. Infectious/contagious diseases 31. Restricted mobility 15. Hernia

If anyof theabovequestions wereanswered "yes," pleasegive details below.



33.

32. Back problems

Amputation

Fractures/dislocations

Genital disorders

Pregnancy

Ado	ditional questions	Yes	No-
35.	Haveyou ever been signed offas sick or repatriated from a ship?		
36.	Haveyou ever been hospitalized?		
37.	Haveyou ever been declared unfit forseaduty?		
38.	Has your medical certificate ever been restricted or revoked?		
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?		D
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	A	
41.	Areyou allergic to anymedications?		\Box
	FIT FOR DUTY ON BOARD SHIP		
42	. Areyou takinganynon-prescription or prescription medications?		
Ih	erebycertifythat the personal declaration aboveis a truestatement to thebest of r	nyknowled	ge.
	gnatureof examinee:		
D	ate (day/month/year): 2 6 MAR 2024 DR. MIR. MD. RAIH MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) -016	
	'itnessed by: (Signature) ame:(Typed or printed) DG Shipping Bangladesh Appr General Physician Radical Hospitals Limited	roved	
Ih in	nerebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofess stitutions and public authorities to Dr. MIR MD RAIHAN (theapproved medical	ionals,healtl al examiner)	n).
S	ignatureof examinee:		
D	Pate (day/month/year): 2 6 MAR 2024 DR. MIR. MD. RAIF	HAN	
V	Vitnessed by: (Signature) MBBS (DU), DFM, CCD (Birdem), PGT	(Ophth) 0-016	
N	Varme: (Typed or printed) DG Shipping Bangladesh App General Physician Radical Hospitals Limited		
Ι	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 Acu	ity				Visua	al fields
	Unaided		Y-100	Aided				Normal	Defective
	Right	Left		Right	Left		Right	/	
	eye	eye	Binocular	eye	eye	Binocula	ar eye	1	
Distant	600	600					Left eye		
Near	NY	NS							
	orvision: ring	□N	ot tested	-[]	Normal	Dou	btful [Defectiv	
	F 1000 C	CONTRACTOR CONTRACTOR	io metry (thre	shold va	lues in dB)		Speech and (metres)	d whisper to	est
	500 Hz	1,000 H	z 2,000 F	lz 3	,000 Hz			Normal	Whisper
Right ear	20	w	20				Right ear	y	4
Left ear	20	2-	20				Left ear	ч	ч
Mou Ears	ses, nose, that th/teeth (general)	nroat				veins (inc. pedal	pulses) [7	
Eyes Opth Pupi Eyer Lung Brea Hear	nalmoscopy Ils movement gs and chest ast examinat	tion 1	erformed *	Perf	Hernia Anus (no G-U syste Upper an Spine (Co Neurolog Psychiatr	d lower exi /S, T/S and gic (full brid ic appearance	tremities [L/S) [26 MAR	2024



	-
BERNHARD SCHULTE	3
SHIPMANAGEMENT	

Blood Analysis: Hepatitis B Test
Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP Vaccination status recorded: Yes No Assessment of fitness forserviceat sea On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic results recorded above, Ideclarethe examineemedically: Fit for lookout duty Not fit for look-out duty Deck service Engine service? Cateringservice Other service In Control Other service With Indicate Service Other service In Control Other service Indicate Indicate Service Indicate Indicate Indicate Indicate Indicate Indicate Indicate Indicate Indicate I
Vaccination status recorded Yes No Assessment of fitness forserviceat sea On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic results recorded above, Ideclarethe examineemedically: Fit for lookout duty
Assessment of fitness forserviceat sea On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic results recorded above, Ideclarethe examineemedically: Fit for lookout duty
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic results recorded above, Ideclarethe examineemedically: Fit for lookout duty
results recorded above, Ideclarethe examineemedically: Fit for lookout duty
Deck service Engine service? Cateringservice Other service Unfit
Unfit
Without restrictions With restrictions Visual aid required: Yes o
Without restrictions With restrictions Visual aid required: Yes o
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year):////
Date of examination (day/month/year): 2 6 MAR 2024 /
Number of Medical Certificate: Official stamp:
Name of medical examiner: (Typed or printed) Name of medical examiner: (Typed or printed) Name of medical examiner: (Typed or printed)
DG Shipping Bangladesh Approved
Address of medical practitioner::





SEAFARER'S MEDIC	AL EXAMINATION REPORT/CERTIFICATE
This	NFIDENTIAL DOCUMENT Incompliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (1
SURNAME ALAM	GIVEN NAME(S) SHAZEDUL
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/4336
06 01 1980 MONTH DAY YEAR	PLACE OF BIRTH SHARIATPUR CITY BANGLADESH COUNTRY MALE FEMA
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: HOUSE # 345, FLAT # A-6, SIXFLOOR, PALASH BAG, WEST RAMPURA, DHAKA-1219, BANGLADESH
DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHEC	KED: YES/NO
MEDICAL EXAMINATION (SEE LAST PAG	E FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE
HEICHT MISSISSE	783/min 19 Juin GENERAL APPEARANCE
WITH GLASSES COLOR TEST TYPE: BOOK LANTERN CH	nearing.
DATE OF LAST COLOR VISION TEST:2	
ARE GLASSES OR CONTACT LENSES NECESSARY TO M	EET THE REQUIRED VISION STANDARD? YES NO NO
HEAD AND NECK	HEART (CARDIOVASCULAR)
EXTREMITIES: UPPER Vor	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) Is speech unimpaired for normal voice communication?
UPPER	m LOWER
IS APPLICANT VACCINATED IN ACCORDANCE WITH W	HO RECOMMENDATIONS? YES NO
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO EN	TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER NDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PI	RESCRIPTION MEDICATIONS?
	2 6 MAR 2024
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMPLE OF THE EX	AMINING HOSDIG



THIS IS TO CERTIFY THAT A PHYSICAL EXAM	MINATION WAS GIVEN TO:	SI	HAZEDUL ALAM
3000-30-3-3-4-4-00-20-20-4-4-4-4-4-4-4-4-4-4-4-4-4-		🗀	NAME OF APPLICANT
THIS APPLICANT IS CERTIFIED FREE OF COMMU	INICABLE DISEASE: YES	No 🔙	
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR RATING/CHIEF COOK/ COOK) (WITHOUT ANY		NGINEERING	OFFICER / RADIO OFFICER /
NAME AND DEGREE OF PHYSICIAN RADICAL HOSPITAL LIMITED URara, Dhaka, Bangladash	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bengladesh Approved General Physician Radical Hospitals Limited		
IAME OF PHYSICIAN'S CERTIFICATING AUTH	HORITY <u>DG SHIPPING BANHLADES</u>	<u>H</u>	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	06 MAY 2014		
IGNATURE OF PHYSICIAN :	Ku		
DATE OF EXAMINATION: ————————————————————————————————————	2024		
EXPIRY DATE OF CERTIFICATE :	R 2026		
SEAFARER ACKNOWLEDGMENT			
CANAGED AND AND AND ADDRESS OF CE	AFARER), CONFIRM THAT I HA	VE BEEN	INFORMED OF THE



MEDICALREQUIREMENTS

Allapplicantsforanofficercertificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted bya. certificated physician. The completedmedical formmust accompany the application for office recruif icate, application for sea farer's identity document, or application for certification of special accompany the application for certification of special accompany the application for certificate applicationqualifications, Thisphysical examination must be carried out not more than months immediately preceding applicationsforanofficer certificate certification of special qualifications or a scafarer's book. The examination shall be conducted in accordance with the InternationalLaborOrganizationWorld Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical FitnessExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecifiedutyassignmentundertakenandisgenerallyinpossessionofall body faculties necessary inful filling the requirements of the sea faring profession.

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

- Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninoneeyeandatleast20/40 (0.50)intheother. Iffhe glasses, havevisionwithoutglasses hemust ofat least 20/160(0.13) botheyes. Deckofficerapplicantsmustalsohavenormaleolorperceptionandbecapableofdistinguishingthecolorsred green blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleas(20/30(0.63)visioninonecyeandat least 20/50 (0.40) in the other. If the applicant we ars glasses, he must have vision without glasses of at least 20/200 (0.10) in the other of the contract of the contractEngineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Scafarers must befreefrominfections ofthemoutheavityor gums.
- BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- Vaccinations
 - Allapplicantsshallbevaccinatedaccordingtotherequirements indicated in the WHOpublication, International Traveland Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations.Ifnewvaccinations aregiven, theseshall berecorded
- Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/ortheuse of narcotics.
- Physical Requirements
 - Applicants for able seam an, bosun, GP-1, or dinary seam an and junior or dinary seam an must meet the physical requirements for the contract of the contracofficer's certificate. adeck/navigational
 - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

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

EXAMINATION:

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

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

2 6 MAR 2024





Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam 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

(Assistanceshould beoffered bymedical staff)

	Condition	Yes	No		Condition	Yes	N
1.	Eye/vision problem			18.	Sleepingproblems		7
2.	High blood pressure		D	19.	Do you smoke?	П	Ė
3.	Heart/vasculardisease		己	20.	Operation/surgery	П	Ē
4.	Heart surgery		7	21.	Epilepsy/seizures	П	Ē
5.	Varicose veins			22.	Dizziness/fainting		È
6.	Asthma/bronchitis		I)	23.	Loss of consciousness		
7.	Blood disorder			24,	Psychiatricproblems		
8.	Diabetes			25,	Depression		Е
9.	Thyroid problem			26.	Attempted suicide	П	F
10.	Digestivedisorder			27.	Loss of memory		F
11.	Kidneyproblem			28.	Balanceproblem		Г
12.	Skin problem		4	29.	Severeheadaches		
13.	Allergies		1	30.	Ear/nose/throat problems	П	-
14.	Infectious/contagious diseases			31.	Restricted mobility	П	-
15.	Hernia		7	32.	Back problems	П	[4
16.	Genital disorders			33.	Amputation		
17.	Pregnancy		TIN	34.	Fractures/dislocations		Г

If anyof theabovequestions wereanswered "yes," pleasegive details below.





Add	litional questions		**
35.	Haveyou ever been signed offas sick or repatriated from a ship?	Yes	No
36.	Haveyou ever been hospitalized?		
37.	Haveyou ever been declared unfit forseaduty?		
38.	Has your medical certificate ever been restricted or revoked?		
39.	Areyou awarethat you have anymedical problems, diseases or illness	ses?	Ď
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?		
41.	Areyou allergic to anymedications?		D
Con	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		
Ihe	rebycertifythat the personal declaration aboveis a truestatement to the	hest of myknowledg	Te.
	natureof examinee:	oest of myknowicag	,
Dat	the (day/month/year): 2 6 MAR 2024 DR. MIR. Marks (Du), DFM. CC BMDC A-55144 DG Shipping Bar	MD. RAIHAN D (Birdem), PGT (Ophth) . MMC-BGD-016 igladech Approved	
Nai	me:(Typed or printed) General Radical Hos	Physician pitals Limited	
	rebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealth titutions and public authorities to Dr. MIR MD RAIHAN (theapproved		
Sig	natureof examinee:		
	MSBS (DU), DFM, (MD. RAIHAN CD (Birdem), PGT (Ophth) 44, MMC-BGD-016	
	DG Shipping B Gener	engladesh Approver al Physician ospitala Limited	
Da	te & Contact details for previous medical examination (if known):)		

Page 2 of 7



MEDICAL EXAMINATION

Sight

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

	Visual Acuity				Visua	ıl fields			
	Unaided			Aide	d			Normal	Defective
	Right	Left	in-	Right	Left		Right		
	eye	eye	Binocular	. eye	eye	Binocular	eye		-
Distant	6 6	9/9					Left eye		
Near	M5	NS							
				_	<u></u>		٥, ٦	7000	
Colo	rvision:	\square_N	ot tested		Normal	Doub	tful _	Defectiv	/e
Hear	ring								
							Speech and	l whisper t	est
		_			values in dB)		(metres)	Mannal	Mhisso
n: L.	500 Hz	1,000 H			3,000 Hz			Normal	Whisper
Right ear	20	20	2	۵			Right ear	4	4
Left ear	20	27	,	~			Left ear	4	4
Hea	d				Skin				
Bloc	od pressure:	Systo	olic: 6	20	(mm Hg∮ Dia	stolic:	Dr .	(mı	m Hg)
Hea	d		ormal Abn		Skin				
	ises, nose, t	hroat			Varicose	veins			
	uth/teeth			П	Vascular	r(inc. pedal p	oulses)		\Box
97.856.9								_	
Fars	s (general)				Abdome	n and viscer	a		
	s (general)	brane				n and viscer	a		
Tyn	npanicmem	brane			Hernia				
Tyn Eye	npanicmem s				Hernia Anus (no	ot rectal exa			
Tyn Eye Opt	npanicmem s halmoscop				Hernia Anus (no G-U sys	ot rectal exar	n.)		
Tyn Eye Opt Pup	npanicmem s halmoscopy oils				Hernia Anus (no G-U sys Upper a	ot rectal exar tem nd lower ext	n.) remities		
Tyn Eye Opt Pup Eye	npanicmem s halmoscopy oils emovement	у			Hernia Anus (no G-U sys Upper a Spine (C	ot rectal exametem nd lower ext	n.) remities L/S)		
Tyn Eye Opt Pup Eye Lun	npanicmem s halmoscopy sils emovement ngs and ches	y st			Hernia Anus (no G-U sys Upper a Spine (C	ot rectal exametem Ind lower ext C/S, T/S and Ogic (full brie	n.) remities L/S)		
Tyn Eye Opt Pup Eye Lun Bre	npanicmem s halmoscopy oils emovement ngs and ches	y st			Hernia Anus (no G-U sys Upper a Spine (C Neurolo Psychia	ot rectal exametem Ind lower exto C/S, T/S and Indicate of the control Indicate of the contr	n.) remities L/S)		
Tyn Eye Opt Pup Eye Lun Bre Hea	npanicmem s halmoscopy oils emovement ags and ches east examina	st ation	1 中華中中国中国		Hernia Anus (no G-U sys Upper a Spine (C Neurolo Psychia General	ot rectal exametem nd lower ext C/S, T/S and ogic (full bried tric appearance	n.) remities L/S) ef)	26 MAR	
Tyn Eye Opt Pup Eye Lun Bre Hea	npanicmem s halmoscopy oils emovement ngs and ches	st ation	b b b b b b b b performed 7 55mm		Hernia Anus (no G-U sys Upper a Spine (C Neurolo Psychia	ot rectal exametem nd lower ext C/S, T/S and ogic (full bried tric appearance	n.) remities L/S) ef)	26 MAR	2024



Urinalysis: Glucose: 11 Protein: 11
Blood Analysis: Hepatitis B Test Negalve, V.D.R.L Non Revelve, Immunodeficiency Virus Anti bodies
Other diagnostic test(s) and result(s): Test Blood from Result Normal.
Medical Examiners comments:
FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic t results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services
Tit
Unfit
Without restrictions With restrictions
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year): 25 MAR 2026 /
Date of examination (day/month/year): 2 6 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) DFM: CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bengladesh Approved
Address of medical practitioner:: General Physician Radical Hospitals Limited-
Authorized by: DG SHIPPING BANGLADESH(competent authority)

As Per-MLC-2008



		L EXAMINATION REPOR	T/CERTIFICATE	
This certificate is issued by authority of LONo.73), a samended, STCW (CON The Maritime Administratorandia	FIDENTIAL DOCUMENT compliancewiththerequirements of dthe Maritime Labour Convention, 2		Seafarers)Convention1946(I
SURNAME ALAM		GIVEN NAME(S) SHAZEDUL	000.	
NATIONALITY		ID DOCUMENT NO:		
BANGLADESHI		C/O/4336		
DATE OF BIRTH	04	PLACE OF BIRTH		SEX
MONTH	01 1980 DAY YEAR	SHARIATPUR	BANGLADESH COUNTRY	MALE FEMA
EXAMINATION FOR DUTY MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING DECLARATION OF APPROVED N	ER O	MAILING ADDRESS OF APPLIC HOUSE # 345, FLAT # WEST RAMPURA, DE	A-6, SIXFLOOR, I	PALASH BAG, SLADESH
	ON DOCUMENTS WERE CHECKE	D: YES/NO		
MEDICAL EXA	MINATION (SEE LAST PAGE E	OR MEDICAL REQUIREMENTS) ST	ATE DETAILS ON SH	
	BLOOD PRESSURE PULSE			Page Court William Court Court
176m 75B	130 jummy 7	83 min 193	GENERAL APPEARA	A
VISION:	RIGHT EYE LEFT EYE	UEADING.	my an	
WITHOUT GLASSES	(11 / 61	HEARING:		
WITH GLASSES	-G(C - GVV		\^^	~~
		RT. EAR	LEFTEA	R
COLOR TEST TYPE: BO	OK LANTERN CHEC	K IF COLOR TEST IS NORMAL - YE	HOW THEN HE	
DATE OF LAST COLOR V			LEON [] KED [] G	BLUE BLUE
DATE OF LAST COLOR V	/ISION TEST: 2	6 MAR 2024		
ARE GLASSES OR CONTACT I	/ISION TEST: 2	6 MAR 2024	DARD? YES	NO D
ARE GLASSES OR CONTACT I	/ISION TEST: 2	6 MAR 2024		
Are glasses or contact i HEAD AND NECK	VISION TEST: 2	T THE REQUIRED VISION STAN HEART (CARE SPEECH (DECK	DOVASCULAR)	No A
Are glasses or contact i HEAD AND NECK LUNGS	/ISION TEST: 2	T THE REQUIRED VISION STAN HEART (CARE SPEECH (DECK	DIOVASCULAR) //NAVIGATIONAL OFFICER	No A
ARE GLASSES OR CONTACT I HEAD AND NECK LUNGS EXTREMITIES: UPPER	VISION TEST: 2 LENSES NECESSARY TO MEE Nonmy Nonmy Nonmy	THE REQUIRED VISION STAN HEART (CARE SPEECH (DECK IS SPEECH UNIMPAI	DIOVASCULAR) /NAVIGATIONAL OFFICER RED FOR NORMAL VOICE COM	No AND RADIO OFFICER) MUNICATION?
ARE GLASSES OR CONTACT I HEAD AND NECK LUNGS EXTREMITIES: UPPER IS APPLICANT VACCINATED II IS APPLICANT SUFFERING FR HIM/HER UNFIT FOR SERVICE	N ACCORDANCE WITH WHO	THE REQUIRED VISION STAN HEART (CARE SPEECH (DECK IS SPEECH UNIMPAI	DIOVASCULAR) /NAVIGATIONAL OFFICER RED FOR NORMAL VOICE COM	R AND RADIO OFFICER) MUNICATION? NO NO On To appress
ARE GLASSES OR CONTACT I HEAD AND NECK LUNGS EXTREMITIES: UPPER IS APPLICANT VACCINATED II IS APPLICANT SUFFERING FR HIM/HER UNFIT FOR SERVICE YES No	N ACCORDANCE WITH WHO	SPEECH (DECK IS SPEECH UNIMPAI LOWER D RECOMMENDATIONS? BE AGGRAVATED BY WORKINANGER THE HEALTH OF OTHER	DIOVASCULAR) /NAVIGATIONAL OFFICER RED FOR NORMAL VOICE COM	R AND RADIO OFFICER) MUNICATION? NO NO On To appress
ARE GLASSES OR CONTACT I HEAD AND NECK LUNGS EXTREMITIES: UPPER IS APPLICANT VACCINATED II IS APPLICANT SUFFERING FR HIM/HER UNFIT FOR SERVIC YES NO	N ACCORDANCE WITH WHO	SPEECH (DECK IS SPEECH UNIMPAI LOWER D RECOMMENDATIONS? BE AGGRAVATED BY WORKINANGER THE HEALTH OF OTHER	PIDARD? YES DIOVASCULAR) VANVIGATIONAL OFFICER RED FOR NORMAL VOICE COM YES DIA R PERSONS ON BOARD YES DIA YES DIA	No AND RADIO OFFICER) MUNICATION? NO O OR TO RENDER ?
ARE GLASSES OR CONTACT I HEAD AND NECK LUNGS EXTREMITIES: UPPER IS APPLICANT VACCINATED II IS APPLICANT SUFFERING FR HIM/HER UNFIT FOR SERVIC YES NO	N ACCORDANCE WITH WHO	THE REQUIRED VISION STAN HEART (CARE SPEECH (DECK IS SPEECH UNIMPAI LOWER O RECOMMENDATIONS? BE AGGRAVATED BY WORKIN ANGER THE HEALTH OF OTHER CRIPTION MEDICATIONS?	PIDARD? YES DIOVASCULAR) VANVIGATIONAL OFFICER RED FOR NORMAL VOICE COM YES DIA R PERSONS ON BOARD YES DIA YES DIA	NO AND RADIO OFFICER) MUNICATION? NO OR TO RENDER ?



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 / E	NGINEERING OFFICER / RADIO OFFICER /
RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:	
DR. MIR. MD. RAIHAN	
VAINE AND DEGREE OF FRISICIAN	
RADICAL HOSPITAL LIMITED REPRESENTATION OF THE PROPERTY OF TH	
ADDRESS Uttora, Dhaka, Bangladash Radical Hospitals Limited	30
Citata, Junea, 199	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANHLADE	SH
	
OF MAY 2017	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014	
SIGNATURE OF PHYSICIAN:	
CY W	
DATE OF EXAMINATION: 2 6 MAR 2024	
2000	
EXPIRY DATE OF CERTIFICATE:25 MAR 2026	
SEAFARER ACKNOWLEDGMENT	
SECTION CONTROL OF THE PROPERTY OF THE PROPERT	
I, SHAZEDUL ALAM (NAME OF SEAFARER), CONFIRM THAT I H.	
CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW	





MEDICALREQUIREMENTS

Allapplicantsforanofficercertificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted certificated physician. The completedmedical formmust accompanytheapplicationforofficercertificate,applicationforseafarer's identity document, or application for certification of special qualifications. Thisphysical examination must be carried out not more than 24 immediately preceding applicationsforanofficer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the InternationalLaborOrganizationWorld HealthOrganization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness ExaminationsforSeafarers(II.O/WHO/D.2/1997,Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall bodyfacultiesnecessaryinfulfillingtherequirementsoftheseafaringprofession.

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

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninoneeyeandatleast20/40 (0.50)intheother. 1fthe applicant wears glasses, hemust havevisionwithoutglasses ofat least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred,green,blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother. If the applicant wears glasses, hemusthave vision without glasses of at least 20/200(0.10) in botheyes. Engineer and radio of ficer applicants must also be able to perceive the colors red, yellowand green.
- (c) Dental
 - Seafarers must befreefrominfections ofthemoutheavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
 Ifnewvaccinations aregiven, theseshall berecorded.
- (g) Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicantsforablescaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
 - Applicants for fireman/waterlender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

The scafarer 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 mode provided - Medical Exam Form).

2 6 MAR 2024



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



ID NO : 24030727

Patient's Name: SHAZEDUL ALAM

Ref. By

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

Specimen

: Blood

Date : 26/03/2024

Age : 43Y 9M 25D

Sex : Male

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

HAEMATOLOGY REPORT								
Parameter	Results		Results		Results Re		Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	15.2 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A				
TOTAL WBC COUNT	7,600	/cumm	4,000 - 11,000 /cumm	A. (1881)				
DIFFERENTIAL COUNT		117 WARRENGEN	,					
Neutrophils	55	%	(40 - 75)%					
Lymphocytes	35	%	(20-45)%	WBC CURVE				
Monocytes	06	%	(2-10)%					
Eosinophils	04	%	(1-6)%	I Taran				
Basophil	00	%	0-1 %					
TOTAL CIR. EOSIONOPHIL COUNT	304	/cumm	40 - 450 /cumm					
TOTAL PLATELET COUNT(PC)	324,000	/cumm	1,50,000-4,50,000 /cumm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
MPV	9.2	fL	7.0 -11.0 fL					
PDW-CV	16	%	10 - 18 %					
PCT	0.3	%	0.10 - 0.28	PLT CURVE				
P-LCR	21.1	%	9.00 - 45.00%	A				
P-LCC	69	x10^3/uL	13 - 129 x10^3/uL	A				
RBC COUNT	5.48	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	A				
HCT/PCV	48.7	%	M: 40-54%, F: 37-47%	S A				
MCV	88.9	fL	76-94 fL	/ANA				
MCH	27.7	pg	27-32 pg	ARREN				
MCHC	31.1	g/dL	29-34 g/dL	RBC CURVE				
RDW SD	48	fL -	30.0-57.0 fL					
RDW CV	16	%	10-16%					

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



Bill No	DIA24030727	Received Dat	e 26/03/2	2024
Patient's Name	SHAZEDUL ALAM			
Patient's Age	43Y 9M 25D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),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. Sumarya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Test Name



Bill No	DIA24030727	Received D	ate 26/03/	3/2024	
Patient's Name	SHAZEDUL ALAM				
Patient's Age	43Y 9M 25D	Pa	tient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	NO C/O/4336	
Sample	BLOOD	water the second			

SEROLOGICAL REPORT

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

Result

BLOOD GROUPING RESULT	JAL
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 D	ate 26/03/	26/03/2024	
Patient's Name	SHAZEDUL ALAM		20,00,	2021	
Patient's Age	43Y 9M 25D	Pat	tient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO	C/O/4336	
Sample	URINE			110 0/4330	

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	Data	26/02/0	12/2024	
Patient's Name	SHAZEDUL ALAM	rteceived	Date	26/03/2024		
Patient's Age	43Y 9M 25D	Р	atient's	Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PC			DC NO		
Sample	URINE	- (L)0),D1 W	C	DC NO	C/O/4336	

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. Se

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

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 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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

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:

COLOUR VISION:

RIGHT

LEFT

616

مل إيوا

UNAIDED

AIDED

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	1:	27/03/2024
Sex	:	Male	CDC NO:C/O/4336		C/O/4336
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), D			

Psychometric Test

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

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

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

d Stamp	Approve	Signature and Professional status of paceinator	Date
*	35, Shah Mahdum Averum Umara, Dhevia	BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved	
4	35, Shah Makhdum Averros Ultera, Dhako	DR MHR. MD. RAIHAMBS (DIA, DEM. CCD (Birdem), PGT (O) RMD-L A 55144 MMC-BGD-O DG Shipping Bat. Indesh Appro Gs. Ibral Physician Radical Hospitals Limited.	2 POT
l Samuello e		MACK SERVICE OF	4
6	5		5
15-34 Z.C.			6
8	7		7
			8

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 (C/0/4336)

has on the date indicated been vaccinated or revaccinated against yellow-fe-

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
JUN 202	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.	L NO CONTROL TO A	1 2 FOR VACCINA 35, Sheh Makhdum Averne Uttara, Dhaka ** ** ** ** ** ** ** ** **
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid