HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
HSL-004518

DR. MIR MD RAIHAN ★ RADICAL HOSPITALS LTD. ★ REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
ROY	SHUVAGATA	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
MADARIPUR 4-Dec-1993	B00578304	CO8148

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CRUDE OIL TANKER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
MACH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, BANGLADESH

CONTACT NUMBER : 8801778579757

RANK : 3RD OFFICER

Have you ever had any of the following conditions?

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

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

Additional questions

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

Comments:

FIT FOR DUTY ON BOARD SHIP

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

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

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

Signature of Seafarer

MEDICAL EXAMINATION

Weight 84 kg Height (cm) 169 BMI 28.3 Blood Pressure: Systolic 120 mm Diastolic 80 mm PULSE: 78 /min.

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

Audiometry			
500	1000	2000	3000
	N/A		

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

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

Cont'd from page 1

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

Visual fields		
	Normal	Defective
Right eye	—	
Left eye	—	

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

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

Date of last colour vision test: Date (day/month/year) 21/MAR/2024

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.40			Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT	26			URINE R/E			NAD
DC(differential count)	NAD	SGOT	22			OTHERS			
HAEMOGLOBIN (HGB)	15.2	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactiv	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive	☑ Negative	HIV / AIDS Test	☐	Reactiv	☑ Nonreactive
WBC	8200	Amphetamine	☐	Positive	☑ Negative	VDRL	☐	Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☑ Negative	Blood Type			B(+ve)
RANDOM	5.6	Barbiturates	☐	Positive	☑ Negative	Psychological Exam			NAD
HBA1C	5.2%	Cocaine	☐	Positive	☑ Negative	Others(KUB Ultrasound)			NAD

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

Signature of Seafarer	SHUVAGATA ROY Name of Seafarer	21 MAR 2024 Date

Assessment of fitness for service at sea:

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

☑ Fit for lookout duties ☐ Not fit for lookout duties

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

☑ Without restrictions ☐ With restrictions

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

Yes	No
☐	☐

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

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

Fitness Date:	21 MAR 2024	Valid Until :	20 MAR 2026

Name and Signature of Authorized Physician

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC Reg. No. A-33144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

ORIGINAL

HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
HSL-004518

DR. MIR MD RAIHAN
RADICAL HOSPITALS LTD.
REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
ROY	SHUVAGATA	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
MADARIPUR 4-Dec-1993	B00578304	CO8148

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CRUDE OIL TANKER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
MACH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, BANGLADESH

CONTACT NUMBER : 8801778579757

RANK : 3RD OFFICER

Have you ever had any of the following conditions?

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

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

Additional questions

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

Comments: FIT FOR DUTY ON BOARD SHIP

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

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

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

Signature of Seafarer

MEDICAL EXAMINATION

Weight 81 Height (cm) 169 BMI 28.3 Blood Pressure: Systolic 120 Diastolic 80 PULSE: 78

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

Audiometry			
500	1000	2000	3000
	N/A		

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

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

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ~~YES~~ / NO

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

Date of last colour vision test: Date (day/month/year) 21 MAR 2024

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.40			Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT	26			URINE R/E	NAD		
DC(differential count)	NAD	SGOT	22			OTHERS			
HAEMOGLOBIN (HGB)	15.2	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactive	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive	☑ Negative	HIV / AIDS Test	☐	Reactive	☑ Nonreactive
WBC	8200	Amphetamine	☐	Positive	☑ Negative	VDRL	☐	Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☑ Negative	Blood Type	B+ve		
RANDOM	5.6	Barbiturates	☐	Positive	☑ Negative	Psychological Exam	NAD		
HBA1C	5.2%	Cocaine	☐	Positive	☑ Negative	Others(KUB Ultrasound)	NAD		

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

SHUVAGATA ROY — Signature of Seafarer / Name of Seafarer

21 MAR 2024 — Date

Assessment of fitness for service at sea:

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

☑ Fit for lookout duties ☐ Not fit for lookout duties

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

☑ Without restrictions ☐ With restrictions

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

Yes	No
☐	☐

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

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

Fitness Date: 21 MAR 2024 Valid Until : 20 MAR 2026

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

ORIGINAL

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Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
HSL-004518

DR. MIR MD. RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME: ROY	FIRST NAME AND: SHUVAGATA	MIDDLE NAME:
PLACE AND DATE OF BIRTH: MADARIPUR 4-Dec-1993	PASSPORT NUMBER: B00578304	SEAMAN'S BOOK NUMBER: CO8148
NATIONALITY: BANGLADESHI	SEX: ☑ Male ☐ Female	VESSEL TYPE: CRUDE OIL TANKER / TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: MACH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, BANGLADESH	CONTACT NUMBER: 8801778579757	RANK: 3RD OFFICER

Have you ever had any of the following conditions?

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

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

Additional questions

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

Comments: FIT FOR DUTY ON BOARD SHIP

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

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

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

Signature of Seafarer

MEDICAL EXAMINATION

Weight 84kg Height (cm) 169 BMI 29.3 Blood Pressure: Systolic 120mm Diastolic 80mm PULSE: 78/m

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

Audiometry			
500	1000	2000	3000
	N/A		

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

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

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

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

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

Date of last colour vision test: Date (day/month/year) 21/MAR/2024

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative	
ECG	NAD	BILIRUBIN	0.40		Alcohol Test	☐ Positive	☑ Negative	
BLOOD R/E		SGPT	26		URINE R/E		NAD	
DC(differential count)	NAD	SGOT	22		OTHERS			
HAEMOGLOBIN (HGB)	15.2	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☑ Nonreactive	
ESR (WESTERGREN)	05	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive	
WBC	8200	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactive	☑ Nonreactive	
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type		B(+ve)	
RANDOM	5.6	Barbiturates	☐ Positive	☑ Negative	Psychological Exam		NAD	
HBA1C	5.2%	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultrasound)		NAD	

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

Signature of Seafarer	SHUVAGATA ROY	21 MAR 2024
	Name of Seafarer	Date

Assessment of fitness for service at sea:

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

☑ Fit for lookout duties ☐ Not fit for lookout duties

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

☑ Without restrictions ☐ With restrictions

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

Yes	No
☐	☐

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

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

Fitness Date:	21 MAR 2024	Valid Until :	20 MAR 2026

DR. MIR MD. RAIHAN
MBBS (BU), DFM, CCD (Taiwan), PGT (Spain)
BMDC A-65144, MMC-BSD-946
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name and Signature of Authorized Physician

V.SHIPS V. SHIPS INDIA Pvt. Ltd.

Certificate No: 04.2024.6203

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers **ILO/IMO/JMS/2011/12**

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144 ★

Family Name	ROY	
Given Names	SHUVAGATA	
Date of birth (day/month/year)	04-DEC-1993	Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI	

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	✓		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	✓		
Unaided hearing satisfactory?	✓		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☑ Fit for look-out 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

Chest X-ray	☑ normal	☐ not performed
Bacteriological stool test	☑ negative	☐ not performed
Parasitical stool test	☑ negative	☐ not performed
Vaccination records	☑ satisfactory	☐ to be renewed

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

Place of examination: RADICAL HOSPITAL LIMITED Udera, Dhaka, Bangladesh Date (day/month/year) 21 MAR 2024

Medical certificate's date of expiration (day/month/year) 20 MAR 2026

Official stamp (also print name of medical examiner if not legible)

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

Signature of medical examiner: _____

Authorised by: _____ (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____
(To be signed in the presence of the medical examiner)

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

V.SHIPS V. SHIPS INDIA Pvt. Ltd.

Certificate No: 04.2024.6203

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

DR. MIR MD RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

Family Name	ROY	
Given Names	SHUVAGATA	
Date of birth (day/month/year)	04-DEC-1993	Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI	

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	✓		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	✓		
Unaided hearing satisfactory?	✓		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☑ Fit for look-out 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

Chest X-ray ☑ normal ☐ not performed

Bacteriological stool test ☑ negative ☐ not performed

Parasitical stool test ☑ negative ☐ not performed

Vaccination records ☑ satisfactory ☐ to be renewed

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

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Date (day/month/year) 21 MAR 2024

Medical certificate's date of expiration (day/month/year) 20 MAR 2026

Official stamp (also print name of medical examiner if not legible): 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

Signature of medical examiner: _____

Authorised by: _____ (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____
(To be signed in the presence of the medical examiner)

Radical Hospitals Ltd. ★ DG Shipping Bangladesh Approved ★ As Per MLC-2006

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
ROY	SHUVAGATA	

DATE OF BIRTH	PLACE OF BIRTH	SEX
12 (MONTH) 4 (DAY) 1993 (YEAR)	MADARIPUR (CITY) BANGLADESH (COUNTRY)	MALE ☑ FEMALE ☐

EXAMINATION FOR DUTY AS:				MAILING ADDRESS OF APPLICANT:
MASTER	☐	RATING	☐	MACH PARA, WORD NO-06, KOTALIPARA
MATE	☑	MOU DECK	☐	KOLABARI-8130, GOPALGANJ, BANGLADESH
ENGINEER	☐	MOU ENGINE	☐	
RADIO OFF	☐	SUPERNUMERARY	☐	

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
169cm	67kg.	120/80 mm	78 s/m	19 s/m	Well

VISION:	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 21 MAR 2024 — Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☑ NO ☐

COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW ☑ RED ☑ GREEN ☑ BLUE ☐

HEARING RT. EAR Normal LEFT YEAR Normal

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

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. No

SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
শুভাগত রায়	21 MAR 2024	20 MAR 2026

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO SHUVAGATA ROY (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),

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

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 8-Jun-14

SIGNATURE OF PHYSICIAN: DATE OF EXAMINATION: 21 MAR 2024

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

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

Radical Hospital Ltd. — As Per MLC-2006 — DG Shipping Bangladesh Approved

MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

(a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.

(b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.

(c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(d) An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) 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.

(f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.

(h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,
C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),
E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

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

21 MAR 2024

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

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ROY	SHUVAGATA	

DATE OF BIRTH			PLACE OF BIRTH		SEX
12	4	1993	MADARIPUR	BANGLADESH	MALE ☑ FEMALE ☐
MONTH	DAY	YEAR	CITY	COUNTRY	

EXAMINATION FOR DUTY AS:

MASTER	☐	RATING	☐
MATE	☑	MOU DECK	☐
ENGINEER	☐	MOU ENGINE	☐
RADIO OFF	☐	SUPERNUMERARY	☐

MAILING ADDRESS OF APPLICANT:
MACH PARA, WORD NO-06, KOTALIPARA
KOLABARI-8130, GOPALGANJ, BANGLADESH

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
169cm	81kg.	120/70 mm	78/m	15 b/m	Gen

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	GL	GL
WITH GLASSES		

DATE OF LAST COLOR VISION TEST (Month/Day/Year): 21 MAR 2024 — Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☑ NO ☐

COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL — YELLOW ☑ RED ☑ GREEN ☑ BLUE ☐

HEARING — RT. EAR: WNL — LEFT YEAR: WNL

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

EXTREMITIES:
UPPER: Normal — LOWER: Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.

SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
শুভাগত রায়	21 MAR 2024	20 MAR 2026

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FIT FOR DUTY ON BOARD SHIP

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NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),

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RLM-I05M ANNEX 2

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

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Rev0 - 09/01/2023

MEDICAL REQUIREMENT

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3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

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Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

V.SHIPS V. SHIPS INDIA Pvt. Ltd

Certificate No: 04.2024.6203

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers **ILO/IMO/JMS/2011/12**

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55, 14

Family Name	ROY	
Given Names	SHUVAGATA	
Rank and department	3RD OFFICER, BULK	
Date of birth (day/month/year)	04-DEC-1993	Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI	
Home address	MACH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, BANGLADESH	
Residence & Mobile No:	008801778579757	
Passport No./Discharge Book No.	B00578304, C/O/8148	
Type of ship (container, tanker, passenger, fishing)	CRUDE OIL TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. 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. Sleep problems	☐	☑
2. High blood pressure	☐	☑	19. Do you smoke; use alcohol or drugs?	☐	☑
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 or joint problems	☐	☑
16. Genital disorders	☐	☑	33. Amputation	☐	☑
17. Pregnancy	☐ N/A		34. Fractures/dislocations	☐	☑

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

Radical Hospitals Ltd. As Per MLC-2006 Shipping Bangladesh Approved

Additional questions

		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36.	Have you ever been hospitalised?	☐	☑
37.	Have you ever been declared unfit for sea duty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41.	Are you allergic to any medications?	☐	☑
Comments: FIT FOR DUTY ON BOARD SHIP			
42.	Are you taking any non-prescription or prescription medications?	☐	☑
If yes, please list the medications taken and the purpose(s) and dosage(s)			

I SHUVAGATA ROY holding Passport/Seaman Book No B00578304 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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) 21 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 authorise 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).

Radical Hospital Ltd. * DG Shipping Bangladesh Approved * As Per-MLC-2006

B. MEDICAL EXAMINATION

Sight:

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

	Visual acuity						Visual fields	
	Unaided			Aided				
	Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular	Normal	Defective
Distant	6/6	6/6	✓					
Near	N5	N5	✓					

	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision: ☑ Ishirara Plates ☑ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 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

Clinical Findings:

Height in cm	169	Weight in kg	81
Pulse rate	78 (/ minute)	Rhythm	Regular.
Blood pressure Systolic	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose: Nil	Protein: Nil	Blood: Nil

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

Chest X-ray	☐ Not performed	
	☑ Performed on (day/month/year):	21 MAR 2024
Results:	Normal	

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

Test	Result		
Blood Tests – tick in box if done- readings seperately issued*1	CBC ☑, Blood VDRL test ☐, Blood ESR ☑, Blood Sugar – Random ☐		
Haemoglobin "Hb" *1	g/dl		
Hepatitis B *3	HB (ab) ☐+ve ☑-ve	HB (ag) ☐ +ve ☑ -ve	
Bacteriological stool test*4	☑ not performed	☐ negative	☐ positive
Parasitical stool test*5	☑ not performed	☐ negative	☐ positive
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)	negative		
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP		

*1 compulsory
*2 not compulsory
*3 required by the Company for all crew from endemic areas
*4 required by the Company for all food handlers
*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☑ Fit for look-out duty ☐ Not fit for look-out duty

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

☑ Without restrictions ☐ With restrictions

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

Place of examination: REDICAL HOSPITALS LIMITED
Date (day/month/year) 21 MAR 2024

Medical certificate's date of expiration (day/month/year) 20 MAR 2026

Date medical certificate issued (day/month/year): 21 MAR 2024 /

Official stamp (also print name of medical examiner if not legible)

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.

Signature of medical examiner: _____

Medical practitioner information (name, license number, address):

NAME: 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

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

V.SHIPS V. SHIPS INDIA Pvt. Ltd

Certificate No: 04.2024.6203

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DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

Family Name	ROY	
Given Names	SHUVAGATA	
Rank and department	3RD OFFICER, BULK	
Date of birth (day/month/year)	04-DEC-1993	Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI	
Home address	MACH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, BANGLADESH	
Residence & Mobile No:	008801778579757	
Passport No./Discharge Book No.	B00578304, C/O/8148	
Type of ship (container, tanker, passenger, fishing)	CRUDE OIL TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. 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.	Sleep problems	☐	☑
2.	High blood pressure	☐	☑	19.	Do you smoke; use alcohol or drugs?	☐	☑
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 or joint problems	☐	☐
16.	Genital disorders	☐	☐	33.	Amputation	☐	☐
17.	Pregnancy	☐	N/A	34.	Fractures/dislocations	☐	☐

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

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Seafarers Examination Approved

Additional questions

		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36.	Have you ever been hospitalised?	☐	☑
37.	Have you ever been declared unfit for sea duty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41.	Are you allergic to any medications?	☐	☑
Comments: FIT FOR DUTY ON BOARD SHIP			
42.	Are you taking any non-prescription or prescription medications?	☐	☑
If yes, please list the medications taken and the purpose(s) and dosage(s)			

I SHUVAGATA ROY holding Passport/Seaman Book No B00578304 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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) 21 / MAR / 2024

Witnessed by: (Signature) _____ Name: (typed or printed)

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

I hereby authorise 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).

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

B. MEDICAL EXAMINATION

Sight:

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

	Visual acuity						Visual fields	
	Unaided			Aided				
	Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular	Normal	Defective
Distant	6/6	6/6	✓					
Near	N5	N5	✓					

	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision: ☑ Ishirara Plates ☑ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 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

Clinical Findings:

Height in cm	169	Weight in kg	81
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil

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

Chest X-ray	☐ Not performed	
	Performed on (day/month/year):	21 MAR 2024
Results:	Normal chest study	

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

Test	Result		
Blood Tests – tick in box if done- readings seperately issued*1	CBC ☑, Blood VDRL test ☑, Blood ESR ☑, Blood Sugar – Random ☑		
Haemoglobin "Hb" *1		g/dl	
Hepatitis B *3	HB (ab) ☐ +ve ☑ -ve	HB (ag) ☐ +ve ☑ -ve	
Bacteriological stool test*4	☑ not performed	☐ negative	☐ positive
Parasitical stool test*5	☑ not performed	☐ negative	☐ positive
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)	Negative		
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP		

*1 compulsory
*2 not compulsory
*3 required by the Company for all crew from endemic areas
*4 required by the Company for all food handlers
*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☑ Fit for look-out duty ☐ Not fit for look-out duty

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

☑ Without restrictions ☐ With restrictions

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

Place of examination: REDICAL HOSPITALS LIMITED
Date (day/month/year) 21 MAR 2024

Medical certificate's date of expiration (day/month/year) 20 MAR 2026

Date medical certificate issued (day/month/year): 21 MAR 2024

Official stamp (also print name of medical examiner if not legible):

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

Signature of medical examiner: _____

Medical practitioner information (name, license number, address):

NAME: 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

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME		POSITION ON BOARD
ROY	SHUVAGATA		3RD OFFICER
DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
04-DEC-1993	MADARIPUR	MALE	C/O/8148

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☑	☐	THROMBOCYTE COUNT	☑	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
MEAN CORPULSCULAR HB. CONC (MCHC)	☑	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☑	☐
MEAN PLATELET VOLUME (MPV)	☑	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☑	☐
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	☑	☐	TOTAL BILIRUBIN	☑	☐
NEUTORPHIL COUNT	☑	☐		☐	☐

IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW
COMMENTS (for abnormal result):

Doctors Comments:

No Abnormality Found.

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

21 MAR 2024

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

DATE OF EXAMINATION

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME		POSITION ON BOARD
ROY	SHUVAGATA		3RD OFFICER
DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
04-DEC-1993	MADARIPUR	MALE	C/O/8148

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☑	☐	THROMBOCYTE COUNT	☑	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
MEAN CORPULSCULAR HB. CONC (MCHC)	☑	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☑	☐
MEAN PLATELET VOLUME (MPV)	☑	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☑	☐
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	☑	☐	TOTAL BILIRUBIN	☑	☐
NEUTORPHIL COUNT	☑	☐		☑	☐

IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW.
COMMENTS (for abnormal result):

Doctors Comments:

No Abnormality Found.

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

21 MAR 2024

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

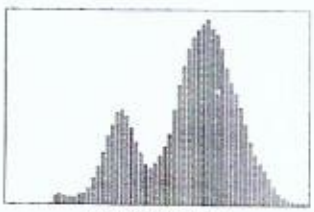
DATE OF EXAMINATION

ID NO	**: 24030536**	**Date**	**: 21/03/2024**
Patient's Name	**: SHUVAGATA ROY**	**Age**	**: 303M17D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8148**	**Sex**	**: Male**
Specimen	**: Blood**		

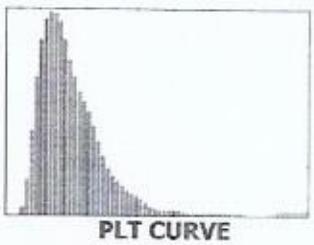
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

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	**8,200**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	61	%	(40 - 75)%	
Lymphocytes	32	%	(20-45)%	
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**246**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**292,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	11.5	fL	7.0 -11.0 fL	
PDW-CV	16.6	%	10 - 18 %	
PCT	0.34	%	0.10 - 0.28	
P-LCR	37.1	%	9.00 - 45.00%	
P-LCC	108	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.45**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	49.5	%	M: 40-54%, F: 37-47%	
MCV	90.9	fL	76-94 fL	
MCH	27.8	pg	27-32 pg	
MCHC	30.6	g/dL	29-34 g/dL	
RDW.SD	50	fL	30.0-57.0 fL	
RDW CV	17	%	10-16%	



WBC CURVE



PLT CURVE

RBC CURVE

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

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030536	Received Date	21/03/2024
Patient's Name	SHUVAGATA ROY		
Patient's Age	30Y 3M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	8148
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.40 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	26.0 U/L	Up to 42 U/L
HbA1C	5.2 %	4.0- 6.0 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030536	Received Date	21/03/2024
Patient's Name	SHUVAGATA ROY		
Patient's Age	30Y 3M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	8148
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	DIA24030536	Received Date	21/03/2024
Patient's Name	SHUVAGATA ROY		
Patient's Age	30Y 3M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	8148
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	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030536	Received Date	21/03/2024
Patient's Name	SHUVAGATA ROY		
Patient's Age	30Y 3M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	8148
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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030536	Receive:21/03/2024	Print: 21/03/2024
Patient's Name	:	**SHUVAGATA ROY**		
Age	:	30 YRS	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

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

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

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

This report has been electronically signed.

ID: 169

Swagata Roy

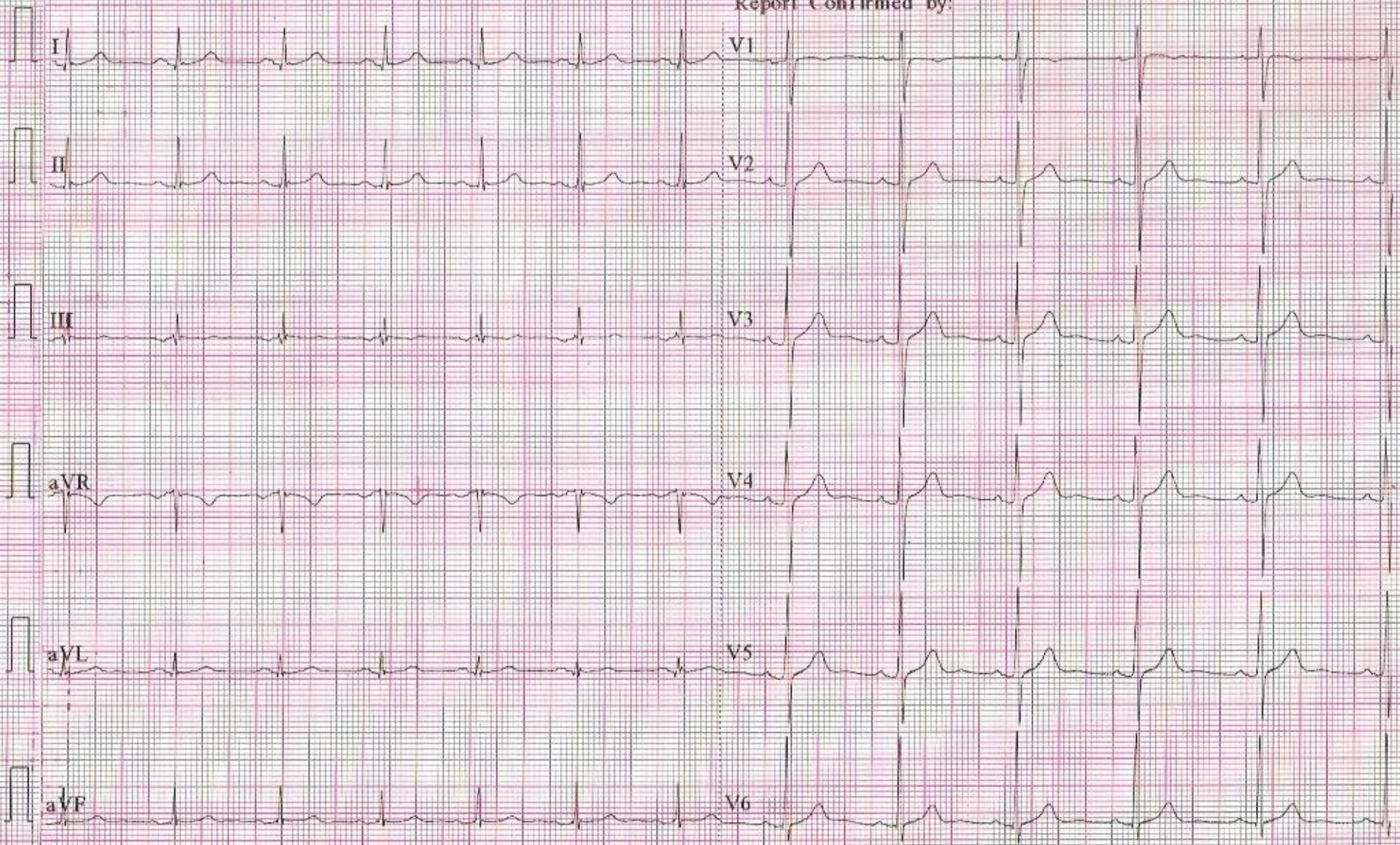
Male 30 Years

21-03-2024 13:30:04

HR	: 74	bpm	
P	: 118	ms	
PR	: 152	ms	
QRS	: 86	ms	
QT/QTc	: 374/415	ms	
P/QRS/T	: 5/56/35	°	
RV5/SV1	: 1.540/0.799	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥74 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MT.UNITED VENTURE	DATE: 21/03/2024

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

EYE EXAMINATION REPORT

NAME:	SHUVAGATA ROY	RANK: 3RD OFF	CDC NO: C/O/8148

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	6/6
AIDED		

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	SHUVAGATA ROY			
Age	:	30 Yrs			
Sex	:	Male	Date	:	21/03/2024
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM	CDC NO:C/O/8148		

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 /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /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

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 (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 YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 04-DEC-1993 Sex MALE

SHUVAGATA ROY (C101 8148)

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
21 MAR 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE L. NO DAKA 76	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
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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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 04-DEC-1993 Sex MALE

SHUVAGATA ROY (C10/8148)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
21 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
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